1. PLACE OF DEATH

COUNTY

OR

CALLEGANY

and give nearest town)

TOWN CUMBERLAND

CITY (If outside corporate limits, write RURAL) LENGTH OF STAY

legibly.

MARYLAND

(in this place)

CERTIFICATE OF DEATH

OR

Reg. Dist. No.

ALLEGANY

(Day)

Daya

Months

(Year)

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(State)

(County)

COUNTRY

2. USUAL RESIDENCE (HOME) OF DECEASED

MARYLAND COUNTY

CITY(If outside corporate limits, write RURAL and give nearest town)

	1
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and information 8 DAYS CUMBERLAND sech early (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS MEMORIAL HOSPITAL STREET ADDRESS 2 (Middle) NAME OF (First) (Last) 4. DATE (Month) death DECEASED of OF JOYCE LORRAINE ALBRIGHT (Type or Print) DEATH: item 5. SEX: 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED of (Specify): SINGLE every causes IOA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country); |12. CITIZEN OF WHAT 108. work done during most of working life. OR INDUSTRY: even if retired): Intart Supply 0 13. FATHER'S NAME: 4. MOTHER'S MAIDEN NAME NELLIE M TAYLOR CHESTER R ALBRIGHT 17. INFORMANT & ADDRESS: Wri IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO X (Yes, no, or unk.) (If Yes, give war or dates Z Memorial of service) Se 120 ea 18. MEDICAL CERTIFICATION 0 Z DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH pl IQ sicians IMMEDIATE CAUSE E Z ANTECEDENT CAUSE (S) 1 DISEASES OR CONDITIONS, IF ANY, Phys ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Z 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION K PL 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) RITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HDW DID INJURY OCCUR?

While

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OF INJURY

REMOVAL (SPECIFY)

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alive on how 1955, and that death occurred at 3:05PM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M. D

Not while

at work

23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

27/1955 570 REGISTRAR'S DATE REC'D BY LOCAL SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

22. I hereby certify that I attended the deceased from har 1, 1951, to har 32, 1955, that I last saw the deceased

DECENTED

BUREAU V. S.

2361 62 AAM

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TELEGRAPH CARLES OF DELTH

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

UNFADING INK.

TYPE OR WRITE PLAINLY, WITH

PLEASE

BY LOCAL

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02 127

ADDRESS

CERTIFICAT	E OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegany MARYLAND	state Maryland county Allegany
CITY (If outside corporate limits, write RURAL or and give nearest town) Cumberland, (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.	STREET (If rural give location) Hazen Road, R. F. D. #3
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EDITH NORA	AMBROSE DEATH: March 31, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed Marc.	h 29, 1880 9. AGE last birthday F UNDER 1 YEAR 1F UNDER 24 HRS. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B KIND OF BUSINESS OR INDUSTRY: 0Wn home	Spring Gap, Md. 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Davis	Sarah Little
15. WAS DECEASED EVER IN U.S. ARMED FORCEOT 16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
No, of service) None	Mrs. James Root R. D. #3 Cumberland, Md.
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE	wary Orchison Smulite garden slessing 3 my Drugfing 3
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?
alive of 30, 1957, and that death occurred a	t 2 P. M, from the causes and on the date stated above. DATE SIGNED M, D. O PLESS M, D. O PLE
	TERY OR CREMATORY LOCATION (City, town or county) (State)

24. FUNERAL DIRECTOR

Charles L. George Cumberland, Md.

A15-10-53 VS.

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Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02 28 2219 CERTIFICATE OF DEATH Reg. Dist. No. 8

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE Md. COUNTY Allege	27276
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	give nearest town)
OR and give nearest town) (in this place)	OR	B 11-01-00 00 11 11)
Longconing 93vrs	Donaconing	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
STREET ADDRESS East Main Street	East Main Street	
	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print) Catherine Barn	OF	
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR	1000
Female White Specify Widowed June,	Months Dave	
Female White (Specify Widowed June)	6. 1861 93 yrs. The state of foreign country): [12. C]	
work done during most of working life, OR INDUSTRY:	CO	TIZEN OF WHAT
even Housework Own Home		5. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry J. Spicher	Lavena Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
No (If Yes, give war or dates of service) None	Mrs. Ada Lancaster, (Daught	ter)
18. MEDICAL CERTIFICATI	Lonaconing, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The said the Principle of State and Committee of the State of the Stat	NTERVAL BETWEEN
420.0	6.0	2 creek
IMMEDIATE CAUSE (A)	my Occusion	
ANTECEDENT CAUSE (S)	schoolic Heard Disease	
DISEASES OR CONDITIONS, IF ANY. (B) Certery.	Elentic Heart personne	10 ms
GIVING RISE TO THE ABOVE CAUSE DUE TO		0
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH		
A DATE OF OPERATION.		20. AUTOPSY?
		YES NO V
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., if Either, NOTIFY medical examiner)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
22. I hereby certify that I attended the deceased from		
alive on fina 19 JJ., and that death occurred at	8 - PM. from the causes and on the date sta	ted shove
SIGNATURE		SIGNED
	D. Spaymer 3-1	, -0
23. BURIAL / CHEMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
REMOVAL (SPECIFY)		((((((((((((((((((((
Burial March, 14. 1955 Memorial		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS

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DR. VAN ORMEARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTYALLEGANY CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) PARK HEIGHTS 10 Buchanan 4. DATE (Month) (Year) DEATHMARCH 9. AGE last birthday IF UNDER ! YEAR Months 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? U.S.A. ONSET AND DEATH 20. AUTOPSYT NO Z (County) (State) 22. I hereby certify that I attended the deceased from 1964, ..., 1956, to 1965, that I last saw the deceased 28 Pet: 19 5 and that death occurred ato A.M.M. from the causes and on the date stated above. DATE SIGNED 23. BURIAL. CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) S. S. Peter & Pauls' Cem. Cumberland, Maryland 3/4/55 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL M. A. Charles L. George Cumberland, Md.



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Charles L. Cherrel Danier los 1724/2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTEICATE OF DEADIT

20.

(County)

Eichhorn, Lonaconing, MD.

AUTOPSY? NO D

(State)

(5	2145 CENTIFICATI	CF DEATH Reg. Dis	t. No. 7
不 量 岁	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY Allegany MARYLAND	STATE NO. COUNTY Alle	egany
	CITY (If outside corporate limits, write RURAL or and give nearest town) Comberland (in this place)	CITY(If outside corporate limits, write RURAL OR LONGCONING	and give nearest town
information clearly and	HOSPITAL OR INSTITUTION OR 2STREET ADDRESS Sacred Heart Hospital	STREET (If rural give location ADDRESS Charlestown Street	
item of in of death c	DECEASED:		(Day) (Year) 13 1955
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married Sept.	,13.1883 71 yrs. Months	Days Hours Min.
	work done during most of working life, even Retired Miner 108. KIND OF BUSINESS OR INDUSTRY: Coal Mine	11. BIRTHPLACE (State or foreign country): 12. Lionaconing, Md.	CITIZEN OF WHAT COUNTRY?
te the	13. FATHER'S NAME: Henry Beeman	Charlotte Dye	
se wri	Yes, no, or unk.) (If Yes, give war or dates of service) (16. Social Security No. 214-01-6677	Mrs. Annie Beeman (WII	EE)
s: please w	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Lonaconing, Md.	INTERVAL BETWEEN
200	610 TIMMEDIATE CAUSE (A) Lice	ma	5d.
Physicians:	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	ary Relentin	10 mvs.
nt. Phy	STATING UNDERLYING CAUSE LAST. (C)	Pic Hypertrocky	I har
1 5	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.



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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

21A. ACCIDENT WAS UNDERLYING

DATE REC'D BY LOCAL

OR CONTRIBUTING CAUSE OF DEATH

19B.

especially (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) While Not while 21F. HOW DID INJURY OCCUR? OF INJURY at work at work .02 , 1954, to 13 mm, 195 J, that I last saw the deceased age 22. I hereby certify that I attended the deceased from Jul 25 PM, from the causes and on the date stated above. and that death occurred at alive on correct SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Westernport, MD. Philos Cemetery

21c. WHERE DID (City or town)

INJURY OCCUR?

24. FUNERAL DIRECTOR

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 COTPUTAL A CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ALLEGANY	MARYLAND	STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate fimits, write RURA) OR and give nearest town) TOWN CUMBERLAND	L LENGTH OF STAY (in this place) ONE	CITY(If outside corporate limits, write RURAL and give nearest town
HOSPITAL OR		STREET (If rural give location)

INSTITUTION OR MEMORIAL HOSPITAL ROUTE #3 BEDFORD ROAD STREET ADDRESS (Last) 3. NAME OF (Middle) DATE (Month) (Day) (Year) ALBERT DECEASED Royer BLAMBLE 26 (Type or Print) DEATH 5. SEX: SINGLE, MARRIED, DATE OF BIRTH: COLOR OR 17. 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. Months Days (Specify) MARRIED MARCH 4 1899 10B. KIND OF IOA. USUAL OCCUPATION (Give kind of: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDIAS CQUNTRY? even if retired): Auto body repair -12

Aurora, W. Va. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:

STELLA WOTRING

FUNERAL DIRECTOR

20. AUTOPSY1

ADDRESS

(State)

(County)

15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS '(Yes, no, or unk.) (If Yes, give war or dates 214-07-1286 Josephine Blamble-Rt3 Bedford Rd. of service)

18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

LOCAL

LEWIS BLAMBLE

DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION:

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work

22. I hereby certify that I attended the deceased from 1954, to 3/.2 6., 1955, that I last saw the deceased 1950, and that death occurred at 5:30PM, from the causes and on the date stated above. alive on 5. SIGNATURE DATE SIGNED

BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

REMOVAL (SPECIFY) 3/29/55 Hillcrest Cemetary Cumberland.

Silcox Lee Cumperland, Md.

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THE WORLD SHOW OF THE REAL PROPERTY.

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BECEIVEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2147 CERTIFICATE OF DEATH

Reg. Dist. No.

-	5			4
1	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
X	carefull legibly.	COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALLEGANY	
N	-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest	town)
	ion	OR and give nearest town) (in this place) ORTOWN CUMBERLAND 14 DAYS	TOWN CUMBERLAND, MD	2.
	ly 8	HOSPITAL OR	STREET (If rural give location)	1
20	nforma	INSTITUTION OR MEMORIAL HOSPITAL	ADDRESS 218 OAK STREET	
M	information clearly and	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	of	DECEASED: (Type or Print) MR.HETZEL K. BODEN	OF DEATH: MARCH 24 19 5	55
	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. APRIL	OF BIRTH: 9. AGE last birthday FUNDER 1 YEAR FUNDER 24 Hours	Min.
	causes	NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V	VHAT
C		ven if retired):	MARYLAND U.S.A.	
	ply he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	Supply te the c	CHARLES BODEN	LULA HAMMERSMITH	
	K. Su write	IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	Se v	of service) W. II 217-18-4156	MEMORIAL HOSPITAL CUMBERLAND, MD.	
	C ea	18. MEDICAL CERTIFICAT		
Œ	ADIN s: pl	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND I	HTASC
W.	AD s:	5 8 IMMEDIATE CAUSE (A)	mod duck sm	w_
RESERVED	UNFA	ANTECEDENT CAUSE (S)	0	
	U	DISEASES OR CONDITIONS, IF ANY, (B)		
Z	ITH	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
MARGIN	-	(C)		
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
- Paring	AINLY	DISEASE OR CONDITION CAUSING DEATH.		
	A E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOF	
-	7	13/13 /33 Cerrhans	husel YES NO	N,
I	WRITE PI especially	218. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (If EITHER, NOTIFY MEDICAL EXAMINER)	ofy, 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?	e)
1	/RI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
1	100	M. at work at work	1 = 1	
	OR.	22. I hereby certify, that A attended the deceased from 1/18	155, 19, to 5./2.7/55 19, that I last saw the dece	
23	स्य ब	alive on 3/24/50 and that death occurred at	10;50AM from the causes and on the date stated above.	
1	TYPE rect a	SIGNATURE	ADDRESS DATE SIGNED	1.
- 10	SE TY correct	1 /XI Manager M.	.D. Constructions 3/25	155
rö I	AS	PREMOVAL (SPECIFY)		State)
A1	E	Sural Wareh 27, M55 Hiller	Consideration of the	ـه.
**	PI	DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	

317-18-4150

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2140 CERT	IFICATI	E OF DEA	TH Reg. D	ist. No. 4
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
	YLAND	STATE MARY	TAND COUNTY ATT	EGANY
CITY (if outside corporate limits, write RURAL LE	NGTH OF STAY (in this place)	II . OR	corporate limits, write RURA	Land give nearest town
O 2 TOWN CUMBERLAND	10 HRS	TOWN	BERLAND, Suca	K X
HOSPITAL OR INSTITUTION OR		STREET	(If rural give location	
STREET ADDRESS SACRED HEART HOSPIT.	AI,	22	9 NARROWS PARK	.7.D.#6.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CHRISTINE BOUGHTON		(Last)	4. DATE (Month) OF DEATH: 3/16/	(Day) (Year) /55 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORC		OF BIRTH:	9. AGE iast birthday IF UNDER	
F W (Specify): MARRIE	D 1/20/	85.	69 yrs. Months	Days Hours Min.
work done during most of working life. even if retired): Houseloge (108. KIND of the life)	F BUSINESS USTAY:	MARYLAND	(State or foreign country): 1 Lonaconing	2. CITIZEN OF WHAT
John McAlpine		14. MOTHER'S M	eth Fleming	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL	SECURITY NO.	17. INFORMANT		
(Yes, No. or unk.) (If Yes, kive war or dates of service)	one	orble B. Bo	ughton, Cumberla	nd, Md
ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nypeo	ny sellands pl	roeis filer osis	2 jo.
DISEASE OR CONDITION CAUSING DEATH	OF OPERATION	N N		
0				YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING CAUSE OF DEATH OF INJURY SET THE CONTRIBUTION OF CONTR	(Home, farm, fact street, office bldg.,	etc. 21c. WHERE		ounty) (State)
OF INJURY M. 21E INJURY M. 21E INJURY M. 21E INJURY	Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased	d from Ma	19 5 to W	10505,6190 S, that I l	ast saw the decease
blighers Brings	м	. D. 55 Gr	clue .	SATE SIGNED
DEMOVAL (ADMOUNT)		ery or cremator Memorial Par		for county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATU	if M.D	24. FUNERAL William	H. Kight Cumber	land Md.

A15-10-53 VS. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

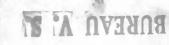
2301 88 NAM

DECENTED

ADDRESS

PLE/

DATE REC'D BY LOCAL



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VS. A15-10-53

MARYLAND STATE DEPARTMENT Ar Nelson 2221 CERTIFICATE	T OF HEALTH—BALTIMORE, 18 02135 E OF DEATH Reg. Dist. No. 4.
1. PLACE OF DEATH: COUNTY Alegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MA COUNTY Allegans
CITY (If outside corporate limits, write RURAL COR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)
DECEASED: (Type or Print) Mary aux Gras	(Last) 4. DATE (Month) (Day) (Year) OF DEATH TRULE 3 1955
S. SEX: 6. COLOR OF 7. SINGLE, MARRIED, RACE WIDOWED DIVORCED, Specify Color (Specify)	OF BIRTH: 9. AGE last birthday 9. AGE last birthday 9. AGE last birthday 9. AGE last birthday 1. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during root of working life. even if retired): Amelian Continue Continue	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY!
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND.	Elizabeth Nardew
(Yes no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICAT.	Haward Brandwater, Buter Neel
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Phermania 2 Days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
0 None	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact PR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., ITE EITHER, NOTIFY MEDICAL EXAMINER) 1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	etc. INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from 2. 2. alive on 2. 3. , 1955., and that death occurred at SIGNATURE	7.40 P. M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BUBJAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. Predmont, W.Vd. 3-5-55 ERY OR CREMATORY LOCATION (City, town, or county), (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Museual Franthing Mest
REGISTRAR C KECK	To. A. Bagl. Hesternant. Tred

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DECENAED

UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

No. 4

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
--	---------	------------	-------------	----	-------

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allegany maryland	STATE Md. COUNTY Allega	ny
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland LENGTH OF STAY (in this piace) 2 months	CITY (If outside corporate limits write RURAL and TOWN Cumberland	give nearest town)
HOSPITAL OR INSTITUTION OR 121 Elder St.	STREET (If rural, give location) ADDRESS 121 Elder St.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) George Clarence	(Lest) 4. DATE (Month) (Day) OF DEATH March 2	
male white widower Aug	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y. 19-1883 71 yrs. Months Da	ys Hours Min.
Reach meritice Oct Mines	R 11. BIRTHPLACE (State or foreign country): 12. Terra Haute, Ind.	CITIZEN OF WHA
13. FATHER'S NAME: George F. Brown	14. MOTHER'S MAIDEN NAME: Anna Smith	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of none) 16. Social Security No.: 17. NO	17. INFORMANT & ADDRESS: (son)Floyd E.Brown, Cumberlar	nd, Md.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	rhage (apoplexy)	OWERT AND DEATH
Immediate cause (a)	Inage (apoptexy)	TO days
Antecedent cause(s) Arteriosclero	sis with hypertention.	?
Diseases or conditions, if any. (b)	of o what it's bor conference	************************
giving rise to the above cause DUE TO stating underlying cause last		}.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY3 Yes □ No 🖺
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. While at work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes to, Acci		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	arch 2-19
28. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER	RY OF CREMATORY LOCATION (City, town, or con	
BREMOVAL (Specify): Man 5/55	Curricing Laurel Dale Mrs	ilion Co M. U

CF Translate, Blume W. In

ADDRESS

PLEASE WRITE PLAINLY, WITH age is especially important. - 53 10 A15A VS.

DATE REC'D BY LOCAL
NASEL 2 1955

REGISTRAR'S SIGNATURE

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BUREAU V. S.

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en ner and the street we have the bridge of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATI	E OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegany MARYLAND	STATE MD. COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN LONGCONING LENGTH OF STAY (in this place) 50 Vrs.	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
HOSPITAL OR INSTITUTION OR STREET ADDRESS Detmold Street	STREET (If rural give location) Detmold Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Arch Came	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: March 17 19 55
_ RAGE: WIDOWED, DIVORCED,	2.1904 9. AGE last birthday Funder 1 year Funder 24 Hrs.
work done during most of working life. eve Foreman , Celanese Corp.	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Cameron	Wilamina Wiland
(Yes, no, or unk.) (If Yes, give war or dates of service) 19. Was Deceased Ever In U.S. ARMED FORCES? (Yes, no, or unk.)	Mrs. Margaret Cameron (WIFE)
18. MEDICAL CERTIFICAT	
331X	a O Hemass lane 3. Deer
IMMEDIATE CAUSE (A) DUE TO	A stranger story
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO THE ABO	o Scheen careful 3400
STATING UNDERLYING CAUSE LAST. (C)	usis Ceretial Hemselgre may 12125
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDERLYING \(\bigcap \) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\bigcap \) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F, HOW DID INJURY OCCUR?
	MINE ASS
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETING REMOVAL (SPECIFY) Burial March, 20. 1955 Memoria	al Park. Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BOOK	George Eichhorn, Lonaconing Sess

10 - 53 A15. 52 The

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OR WRITE PLAINLY, WITH UNFADING INK.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1802139

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:		2. USUAL RESIDEN	ICE (HOME) OF DECE	ASED:
county Allegany	MARYLAND	STATE Mart	tand countAlle	gany
CITY (If outside corporate limits, write R OR and give nearest town)		CITY(If outside co		AL and give nearest town)
CITOWN Cumberland	lday	TOWAL	erland	0.2
HOSPITAL OR INSTITUTION OR		STREET	[If rural give loca	tlon)
STREET ADDRESS Sacred Heart	Hospital		543 Sedgwick St	reet
3. NAME OF First)		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Gunner	otto Carl		OF DEATH: 3/	11/ 1955
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	MARRIED, 8. DATE	OF BIRTH: 9.	AGE last birthday IF UND	
Male White (Specify)	Married 8/	22/85	69 yrs.	s Days Hours Min.
	OR INDUSTRY:			12. CITIZEN OF WHAT
	Cumberland Glass			U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Carl Carlson		Unknown		
15. WAR DECEASED EVER IN U.S. ARMED FORCEST	16. SDCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	214-07-0158	Patien	nt's Chart	
	8. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	ACTIVATION FOR THE TAXABLE PROPERTY OF THE SECOND STREET, AS	0	10	ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronabe	4 Cereprol	(homporsis	_ 48 krs
ANTECEDENT CAUSE (S)	DUE TO	T		
DISEASES OR CONDITIONS, IF ANY.	(B)			The Property of the Name of th
CONTRACT TO THE ADOLE CALLED	DUE TO		Sharp About	
STATING DIDERETING CAUSE LAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATED TO	THE My	ocardits		2 weeks
	FINDINGS OF OPERATION	N		20. AUTOPSY?
0	V			YES NO NO
21A. ACCIDENT WAS UNDERLYING 21OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac INJURY street, office bldg	etc. INJURY OCCUR	D (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended th	e deceased from 2 - 2	8.5519 to 3-	1/-5579 that I	last saw the deceased
alive on 3-10-, 1955, and		6 23 M, from the	causes and on the d	ate stated above.
SIGNATURE		ADDRESS	/	DATE SIGNED
C X Minume		. D. Cumberla		1/55
23. BURIAL CRÉMATION, DATE THERECE REMOVAL SPECIFY) March 1	111		Cumberland.	
DATE REOLD BY LOCAL REGISTRAR'S	SIGNATURE / M T	24. FUNERAL DI		ADDRESS
invient 10, 1100 invalled	1. Millians			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	TEXAMINER'S	CERTIFICATE	OR	DEATH	7
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MEDICAL EXAMINER'S CERT	TEICATE OF DEATH	No.
I. PLACE OF DEATH:	. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allegany MARYLAND	STATE Md. COUNTY Allegan	V
CITY (If outside corporate limits, write RURAL OR and give nearest town) RIVAL COPPIGADSVILLE CITY (If outside corporate limits, write RURAL (in this place) STORY (If outside corporate limits, write RURAL (in this place) STORY (If outside corporate limits, write RURAL (in this place) STORY (If outside corporate limits, write RURAL (in this place) STORY (If outside corporate limits, write RURAL (in this place))	CITY (If outside corporate limits write RURAL and or TOWN Rural) Corrigansville	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS To back ward	STREET (If rural, give location) ADDRESS	,
3. NAME OF (First) (Middle) (I DECEASED: (Type or Print) Martha Marie Doi	Last) 4. DATE (Month) (Day) OF DEATH March 24	(Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE 28 Worths Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retireDOUSEWITE INDUSTRY:		COUNTRY?
	14. MOTHER'S MAIDEN NAME:	
	Martha Rebecca Minnick	
(Yes, no, or nnk.) (If Yes, give war or dates of	.informant & Address: nusband)Ray Edison Dom, Corr	Md. igansville
	CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Electrocution		sudden
giving rise to the above cause DUE TO stating underlying cause last (c)	contact with high voltage	line.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	0/	20. AUTOPSY? Yes No No
PRIMARY SO OF CONTRIBUTING BACOF VSTOOD OFFICE BLAZ., etc.,	hear) Corrigansville-Alleg	(State) any-ld.
PRIMARY FOOT CONTRIBUTING BE BE CF Tributed office bids., etc., CAUSE OFF DEATH. 21d. TIME (Month) (Day) IX or Hour) 21e. INJURY OCCURRED While at Work 1 at work 2 22. I hereby certify that I took charge of the remains described	hear) Corrigansville-Allegaria. How DID INJURY OCCURTREMOVING na came in contact with H d above, held an Autopsy , Inspection ,	any-I'd. aerial ant Volt.line Inquiry , and
PRIMARY P or CONTRIBUTING BE BE OF THE BLE., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) I Dear Hour) 21e. INJURY OCCURRED While at Not while INJURY 3-24/55- AM. Work at work 2	hear) Corrigansville-Allegaria. How DID INJURY OCCURTREMOVING na came in contact with H d above, held an Autopsy , Inspection ,	any-I'd. aerial ant Volt.line Inquiry , and

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Reg. Dist. No.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany STATE Maryland COUNTY Allegany COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest town) (in this place) TOWN Cumberland TOWN Nikep STREET (If rural give location) INSTITUTION Of Allegany County ADDRESS STREET ADDRESS (First) (Middle) (Last) 3. NAME OF DATE (Month) (Day) (Year) DECEASED Mary Donahey DEATH: March (Type or Print) 19 8. DATE OF BIRTH: 6. COLOR OR 7. SINGLE, MARRIED. 9. AGE last birthday! IF UNDER I YEAR WIDOWED, DIVORCED, RACE: Days Months Hours White (Specify):Single 1, 1870 March IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired) : Retired -School Teacher Maryland U. S. A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Matthew Donahev Margaret O'Conner S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS: (Yes, Ty, or unk.) (If Yes, give war or dates Allegany County Infirmary Records of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY (B) GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

INJURY OCCUR?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY7 YES! NO

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)

19A. DATE OF OPERATION:

21E INJURY OCCURRED

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

While Not while at work at work

22. I hereby certify that I attended the deceased from 192 that I last saw the deceased 19 5, and that death occurred at 0.45 M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED

BURIAL ._ CREMATION.

LOCATION (City, town, or county)

SIGNATURE REGISTRAR'S

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

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MAR 8 1955

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BUREAU V. S.

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item of information carefully of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
careful legibly	COUNTY A / COZNI/ MARYLAND	STATE Md COUNTY A /	lonaNV
Le Ca	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
tion	OR and give nearest town) (in this place)	TOWN A CAR DO 12 MG	1 00
y a	HOSPITAL OR	STREET (If rural give location)	000
rm	INSTITUTION OR STREET ADDRESS M4 D1 - 1 - 1 + 5+	ADDRESS C 41	~ 1
nforma	1111 [TE d) IN)1,	428 Geoffe	Ti
f ii	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) ((Day) (Year)
m of death	(Type or Print) //2 rTha //2 V Pon	2/De DEATH: //25ch	28 1955
f d	RACE: WIDOWED DIVORCED .	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.
y ite	Female W (Specify) Widowed May 2		3 Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of the total to	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
cal	even if retired House wife House wife	PleasaNT Valley, Md.	115.
pply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN MAME:	
	Tahu Fisher	Margaret Cres.	a 6
. 10	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	PleasaNY
Break	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Manager Kally E	TO THE
	18. MEDICAL CERTIFICAT	TON TON	TOSIDUYO
NG	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	^	ONSET AND DEAT
IQ	1122.1	0 0	210
FA]	IMMEDIATE CAUSE (A)	ora Chemorshage	_ 36 hrs
UNFADING sicians: plea	ANTECEDENT CAUSE (S)	n + 1 di	
5	DISEASES OR CONDITIONS, IF ANY, (B) Uhling SC	lestic Cardia-vascular les	±2044
TH	STATING UNDERLYING CAUSE LAST.		
<u> </u>	(c)		
~ 03	TO THE DEATH BUT NOT RELATED TO THE	A 1:5 : 10 &-	0
PLAINLY, W	DISEASE OR CONDITION CAUSING DEATH.	ulas pertalion	112 turs
Y I	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
7			YES NO
	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact		ity) (State)
TTE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
WRITE	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	MA HOUSE
PID P	OF INJURY M. while Not while at work at work		
ge is	22. I hereby certify that I attended the deceased from 2	/ . 1955 to 3/38 . 1974 that I las	t saw the decease
80	010	3:40 PM, from the causes and on the date	
TYPE rect a	alive on 2/20 , 1955, and that death occurred at		stated above.
	March Tolorant	298 Marie V too there bet	2/20/56
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, o	r county) (State
<<	REMOVAL (SPECIFY) 3-31-55 S+ P.T.	= x St P= 11 / 11 1/0 - 1-	and MJ
PLE.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	ADDRESS
14	REGISTRAR WALLEY NO. P. C.	Lacot Halon	9

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

20. AUTOPSY? YES T

(County)

NO

(State)

(State)

2155	CERTIFICAT	E OF DEATH Reg. Dist. N	io. 4
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany	MARYLAND	STATE Maryland COUNTY Alleg	anv
CITY (If outside corporate limits, write ROR and give nearest town) Trown Cumberland	URAL LENGTH OF STAY (in this place) 2/21/55	CITY(If outside corporate limits, write RURAL and OR TOWN Cumberland	
HOSPITAL OR Allegany Co	unty Infirmar	STREET (If rural give location) ADDRESS 201 Spring Street	1
3. NAME OF (First) DECEASED: (Type or Print) Clara	(Middle)	(Last) 4. DATE (Month) (Day OF DEATH: March 7.	(Year)
Female 6. COLOR OR 7. SINGLE. WIDOWE (Specify)	D DIVORCED	71880 9. AGE last birthday IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS
work done during most of working life. even if retired): Housewife	OR INDUSTRY:		S. A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	D . 11 .
Adam Weisenmille	r	Mary Snyder	
(Yes, no, or unk.) (If Yes, give war or dates of service)	NONE	Allegany County Infirmary	Records
	8. MEDICAL CERTIFICAT	ION	TERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY	(A) CLON	ie Trescardibes	NSET AND DEAT
	(B) Gewera	larteriosclerosio	5
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) Parki	usono Disease	7
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO		- A a (11 a a la cara)	>

PLAINLY OR

MARGIN RESERVED FOR BINDING

at work at work-Tet : 7, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory.

OF INJURY street, office bldg., etc.

21E INJURY OCCURRED
While Not while

M, from the causes and on the date stated above. alive on and that death occurred at SIGNATURE ADDRESS DATE SIGNED

NAME OF CEMETERY OR CREMATORY

Cemetery

BURIAL, CREMATION REMOVAL (SPECIFY) 1955 March 10 Rose Hill

DATE THEREOF

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

21A. ACCIDENT WAS UNDERLYING [

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

OR CONTRIBUTING CAUSE OF DEATH

CREMATION,

William H. Kight, Cumberland, ADDRESS Id.

Cumberland Id.

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

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E. Long at the Control of the Contro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02146 CERTIFICATE OF DEATH

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Cul 5 %	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	UZ146
Clev Land	CEPTIFICATE OF DEATH	. 4
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carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
leg		legany
	CITY (If gutside corporate limits, write RURAL OR and give nearest town) TOWN TOWN TOWN CITY(If outside corporate limits, write RURAL (in this place) OR TOWN TOW	and give nearest town)
) atic	HOSPITAL OR STREET (If rural give location	alland x
information clearly and	INSTITUTION OR STREET ADDRESS National Pike, R. F. D. T. National Pike, R. T.	7. D. #1
THE STATE OF		(Day) (Year)
m of i	(Type or Print) IDA BELL EVERLINE DEATH: March	16, 1955
ite	Female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed March 7. 1873 82 9. AGE last birthday 15 UNDER 1873 82 9. AGE last birthday 15 UNDER 1873	
NG every	10A USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	CITIZEN OF WHAT
For Si	even if retired): Housewife Own home Penna.	COUNTRY?
INDIN upply	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Sul Sul	Samuel Gaumer Unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes., po, or unk.) (If Yes, give war or dates	
FOR INK.	Mrs. Ardella Mahaney La Vale.	Md.
ID VG	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RVE DIN	The same of the sa	ONSET AND DEATH
SER FAI	260 X IMMEDIATE CAUSE (A) arterio Sclerous	
IIN RESERVED TH UNFADING Physicians: ple	ANTECEDENT CAUSE (8: DUE TO DISEASES OF CONDITIONS IF ANY	
67	GIVING RISE TO THE ABOVE CAUSE DUE TO	
9 1	STATING UNDERLYING CAUSE LAST.	
AR W int.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M. AINLY, importa	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
ZI du	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	_/
		YES NO
VRITE PI especially	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory. OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Courtiff either, Notify Medical Examiner)	nty) (State)
P	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
OR is		
PE (22. I hereby certify that I attended the deceased from June , 1955, to Moroldo, 1955, that I las	
' 54 5	alive on ADDRESS and that death occurred at AM, from the causes and on the date	stated above.
10 T	M.D. Cumbridge Stand	9. 1
5 — ASE	23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	1 1001
A1 E,	Burial 3/18/55 Rose Hill Mausoleum Cumberland, Md.	
PL PL	DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
>	Mara h 18 19.55 Writer & Wards M. L. II. Wayne George Cumberland	Mal

the area of comments a few and the care, lid.

THE BEALDWINE DWINES CHILD THE WASTERNAMED IN

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U2148

2157 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegany MARYLAND CITY (if outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY Allegany
CITY (if outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Cumberland 2/26/55	TOWN Little Orleans
HOSPITAL OR Allegany County Infirmary 9/STREET ADDRESS NAME OF A PROPERTY OF THE PROPERTY OF	STREET (If rural give location) ADDRESS
	(Last) 4, DATE (Month) (Day) (Year)
DECEASED:	otcher 4. DATE (Month) (Day) (Year) OF OF DEATH: March 11, 19 55
	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Mala White (Specify): Married 7/77	
NO. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. even if retired): Retired - Farmer - War John	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
	Little Orleans, Md. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Phillip Fletcher	Anna Price
Phillip Fletcher 15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, of or unk.) (If Yes, give war or dates	17, INFORMANT & ADDRESS:
	Allegany County Infirmary Records
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
	ONSET AND DEATH
1422, 1 MMEDIATE CAUSE (A) Pulse	congestion 26 h
DUE TO	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	nie Pregnankit ?
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
	al arkenoclerois >
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 ^ / / =
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Moors Diolase 5 ms
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death Of Injury street, office bldg., (If Either, Notify Medical Examiner) 21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	ory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work at work	
7//4:	26 1955 to Var' 1/ 1955 that I last saw the deceased
.76	
alive on 10, 1933, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
SIGNATURE	19 Treme 8 : 3-11-55
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 3.14.55 Piney Plains	s Cemetery Little Orleans Allegany Md.
	- LOVED OF LOWING SELLOPETTY BELL

SIGNATURE

Zak Zania di Santayan Shekin kun menger

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PLEASE WRITE PLAINLY, WITH age is especially important.

2225	05149
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	[No/.
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND STATE Md. COUNTY Allegany	gany
CITY (If outside corporate limits, write RURAL OR and give mearest town) TOWN CITY (If outside corporate limits write RURAL (in this place) OR TOWN CITY (If outside corporate limits write RURAL OR TOWN OR TOWN Mt. Savage	and give nearest town)
HOSPITAL OR STREET (If rural, give location institution or Address Address	n) /
DECEASED: (Type or Print) Robert Flynn OF DEATH March	Day) (Year) 3 19 55
male 6. Color or 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: WIDOWED DIVORCED Oct.17-1872 82	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, Reven reprired and uctor 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): R.Ry. 11. BIRTHPLAC	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Flynn Elizabeth Spates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of Service) 712-14-1577 Mrs. Veronica Flynn, Mt Sava	ge,Md.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Asthenia	Lusse
Antecedent cause(s) Diseases or conditions if any (b) Hematemesis	2 10:12
Diseases or conditions, if any, giving rise to the above cause DUE TO	
stating underlying cause last (c) Chronic gastric ulcer	2 yers.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No 🖫
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not wbile work at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection	R, Inquiry A, and
find that death resulted from: Natural causes []*, Accident [], Suicide [], Homicide [], Under SIGNATURE	termined cause .
	March 4-1955

23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY St. Vatricks Cetemery Mt. Savage, Md. (State) J.R. Durst, Frostburg, Md. DATE REC'D BY LOCAL REG. ADDRESS

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RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9
HOME) OF DECEASED:
d county Allegany
limits, write RURAL and give nearest town)
tburg 22
(If rural give location)
Vanla St

COUNTRY?

USA

0215A

00014	I I do also also	- COLL			11460
CITY OR 2 TOWN	(If outside corporand give nearest		te RURAL		this place)
INSTIT	TAL OR TUTION OR T ADDRESS	Miners	Hospi	tal	

Allegany

Maple St.

Frostbu

(First) (Middle) (Last) DATE (Month) NAME OF (Year) DECEASED OF FREAL (Type or Print) DEBORAH DEATH: Mar. 19 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED. Months Hours (Specify): single 5-18-1954 IOA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 10B. 12. CITIZEN OF work done during most of working life. OR INDUSTRY:

even if retired): infant Marvland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | If Yes, give war or dates of service)

Dolores Bean 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS.

TOWN

STREET

ADDRESS

David Freal, Frostburg, Md. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH

2. USUAL RESIDENCE (HOME

STATE Maryland co CITYIIf outside corporate limit

IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

DUE TO

DUE TO

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION:

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING

21c. WHERE DID (City or town) INJURY OCCUR?

20. AUTOPS (County) (State)

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour)

While Not while OF INJURY at work at work

22. I hereby certify that I attended the deceased from Feb 2 8, 1955, to 1955 that I last saw the deceased

may 2, 19 55 and that death occurred at 2:30A.M. from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE SIGNED

23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORY Memorial Park

LOCATION (City, town, or county) Frostburg.

Durst.

OR PE TY SE K

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SHOWING BY BELLEVIEW OF THE STATE OF THE STA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00151

Hy	- Tronk	2226 CERTIFICATE OF DEATH Reg. Dist.	No. 4
A M	m of information carefully, death clearly and legibly.	1. PLACE OF DEATH: COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural near Cresaptown HOSPITAL OR INSTITUTION OR STREET ADDRESS McMullen Hgh. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Alleg CITY(If outside corporate limits, write RURAL an OR TOWN Rural near Cresaptown STREET (If rural give location) McMullen Hgh.	d give nearest tow
JNG.	every ite	Female White Spring life, work done during region working life, even if retired Will work with the work done during region working life, even if retired Will work done work done during region working life, working life, even if retired Will work done work done during region working life, or industry: On INDUSTRY: Cumberland, Md. Cumberland, Md.	ys Hours Min
RESERVED FOR BINDIN	OING INK. Supp please write th	Josephine Willison 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	eyser, W. INTERVAL BETWEE ONSET AND DEAT
MARGIN RESE	WITH UNFAI	IMMEDIATE CAUSE ANTECEDENT CAUSE (8: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7777
M	AINLY, imports	TO THE RIGHT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION Sept 11, 1953 Milatia Ca left side of pelvise, entensing	20. AUTOPSY7
D	R WRITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory) OF INJURY Street, office bldg., etc. 21C. WHERE DID (Clty or town) (County INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While Not while at work at work) (State)
- 10 - 53	E TYPE OR	22. I hereby certify that I attended the deceased from Syt 1 , 1953, to Man 30 , 1955, that I last s alive on , 19 , and that death occurred at A. M, from the causes and on the date st SIGNATURE BY CALLED B	tated above.

HillCrest Cem.

Cumberland. Md.

Charles L. George Cumberland, Md.

ADDRESS

24. FUNERAL DIRECTOR

PLEA

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BUREAU V. E.

Cara City Committee Commit

TO THE SECOND PLANTAGE OF THE PROPERTY OF THE COLUMN PARTY.

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Dear of Manager Co. Manager

within Formante little MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02152 2158 CERTIFICATE OF DEATH

Cumberland, Md.

WIOO CESTULIA CONTIN	Reg. Dis	t. No/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Allegany MARYLAND	STATE Maryland COUNTY All	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	egany
OR and give nearest town) (in this place)	OR	and give nearest wwn
HOSPITAL OR 4 days	UmilberTand	02.
INSTITUTION OR	ADDRESS)
STREET ADDRESS Sacred Heart Hospital	120 N. Smallwood St.	
3. NAME OF (First) (Middle) DECEASED:		(Day) (Year)
	lick OF DEATH: 3/11/55	19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1	
M. W (Specify arried)/1	/92 60 yrs. Months	Days Hours Mln.
WORLD OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done diring bost of working life. OR IMPUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Constitution of the second line leaves the		COUNTRY?
13. FATHER'S NAME:	Maryland	0.0.2.
Frank J. Glick Deceased	dal a	
Frank J. Glick Deceased 15. Was Deceased Ever In U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	Catherine Policy Deceas	ed
(Yes, no, or unk.) (If Yes, give war or dates		
# 214 U/ 1990	Old Chart	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
		ONSET AND DEATH
14 IMMEDIATE CAUSE (A) Collact	, arrest	Immediate
ANTECEDENT CAUSE (S: DUE TO	valrula Lent diseas	
DISEASES OR CONDITIONS, IF ANY, (B)	Valvala Feat diseas	20 years
STATING UNDERLYING CAUSE LAST. DUE TO antic	. sonoris 1 reunals	
(c) d. longosli	i Hent Tailm	7 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		1 2 2
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or fown) (Coun	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work	- W W DID MOON! OCCOM!	
	43	
22. I hereby certify that I attended the deceased from 187.	7, 19 , to 14 , 19 55, that I last	saw the deceased
alive on 19 , 19 , and that death occurred at	1: 59 P.M. from the causes and on the date	stated above.
SIGNATURE IN. albert Va arma		TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	.D. Morena, Ma.	12 200
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
Burial 3/17/55 St. Peter 8	& Paul Cemetery Cumberland	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Louis Stein, Inc.

SEEL ES AAM

DE ALESEN

Within	Corpor	te ilmin 2115 YLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	02153
Jo.	7. The	Items F9: Film G177 4/1/55 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 4
107	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
11	careful	COUNTY Allegany Maryland	STATE Maryland county All	Legany
1		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
	and	OR and give nearest town) (in this place)	TOWN Frostburg	22
	information clearly and	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) /
	nforma	2 STREET ADDRESS Sacred Heart Hospital	ll Welch Street	
	in h c	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Dny) (Yesr)
	em of i	(Type or Print) Edward Lee Gooding	OF DEATH: 3/10/5	19
	item of de		OF BIRTH 1875 9. AGE last birthday IF UNDER 1	-
	y i	M W (Specify): Widowed Sep	t. 21 1876 17 7 yrs.	Days Hours Mln.
r h	every	10A. USUAL OCCUPATION (Give kind of work down during most of working life. even if reviced);	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Ž	y e	John Home	/W.Va.	U.S.A.
FOR BINDING	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIX	Su	George W Gooding	Margarel Spen	el
2	K.	IS. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FO	INK.	of service) None	Patients chart	
ED	NG	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
-	ADING s: plea	1 1	0'1	ONSET AND DEATH
TE	IFA ans:		cardite	31 day
Las	UNF	ANTECEDENT CAUSE (S)		/
		DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
G.D.	i-l	STATING UNDERLYING CAUSE LAST.		
MARGIN	AINLY, Wimportant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
×	LY,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		All C
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON A PROPERTY	20. AUTOPSY?
	PLA Ily in	10 hone		YES NO
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etery. 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR?	nty) (State)
	RITE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D, TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	4 %
	> .0	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work] I'm new Bib insekt eccekt	
	ge is	22. I hereby certify that I attended the deceased from 2	-55, 19, to 3-10. S 19, that I las	t saw the deceased
53	च व	alive on 3-10-55, 19 , and that death occurred at	1/0:0/AM, from the causes and on the date	stated above.
- 01	TY	SIGNATURE	ADDRESS - DA	TE SIGNED
-7	SE TYI		M. D. TERY OR CREMATORY LOCATION (City, town, of	or county) (State
12	A	REMOVAL (SPECIFY)	al al m	Que D
A.	LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
S	14	Husch 11,1955 Orntes L. Nanh, M.	0 9 Du = + 7	the man
- 101		him it is a more in ordinary	D. Marie 140	wary my

THE REAL PROPERTY OF THE PROPE BUREAU Y. S. 2361 ZI 84M

Memorial Hospital records INTERVAL BETWEEN ONSET AND DEATH days Communication of esophagus with main 20. AUTOPSY? Yea BiNo [(County) (State) 22. I hereby certify that I took charge of the remains described above, held an Autopsy & Inspection B. Inquiry M. and find that death resulted from: Natural causes A. Accident . Suicide . Homicide . Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER March ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county) SE (State) REMOVAL (Specify) : Burea PLEA DATE REC'D BY LOCAL REC

Reg. Dist.

(Day)

Months

No.....

(Year)

Honrs

12. CITIZEN OF WHAT

COUNTRY?

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MAR 8 1955

BUREAU V. S.

The second secon		HEALTH—BALTIMORE, 18	02155 Reg. Dist.
	KAMINER'S CER		No. 4
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	,
COUNTY Allegany	MARYLAND	STATE W. Va. COUNTY Park	our
CITY (If outside corporate limits, OR and give nearest town) TOWN Cumberland	(in this place)	CITY (If outside corporate limits write RURAL ar OR TOWN Belington	75 x -3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 I	Louisana Ave.	STREET (If rural, give location)	/
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month) (Da OF DEATH March	y) (Year) 24 19 55
5. SEX: 6. COLOR OR RACE; male White		E OF BIRTII: 9. AGE last birthday: IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give work done during most of work to be the professional property of the control of the	kind of 10b. KIND OF BUSINESS O	716.	COUNTRY?
13. FATHER'S NAME:	1 00220 02 02 02	14. MOTHER'S MAIDEN NAME:	
Thomas Griffi	ith	Mamie Griffith	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unk.) (If Yes, give war of service)	MED FORCES ? IS SOCIAL SECURITY NO .	17. INFORMANT & ADDRESS: (aunt)Cora Griffith, Cumberl	and, Md.
I. DISEASES OR CONDITIONS DIE	RECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
Immediate cause	(a) Coronary occlu	21011	Sudden
Antecedent cause(s) Diseases or conditions, if any,		rosis with angina syndrome.	?
stating underlying cause last	(c)		
II. OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	JSING DEATH.		
0	MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.		2.9	(State)
21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED While at Not while M. work □ at work □	21f. HOW DID INJURY OCCUR?	
	ook charge of the remains descri	bed above, held an Autopsy [], Inspection	
		dent [], Suicide [], Homicide [], Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 3-24-1955
find that death resulted find that death resulted find signature H.V.Deming M.D. 23, Burial, CREMATION, REMOVAL (Specify): 3	From: Natural causes 1, Acci	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR GREMATORY LOCATION (City, town, or compared to the compare	3-24-1955

DECEIVED 1965

BUREAU V. S.

Supply every item of information carefully. The

ha24620 STATE DEPARTMENT OF HEALTH—BALTIMORE, 02156 g. Dist. No. 4

CALLED I ROPLEM D	DATELL	DESCRIPTION OF THE PROPERTY OF	O.A.	AAAJILAJA AI	DILIDIANIOICE
1454	CEH	RTIFICATE	OF	DEATH	Re

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Allegany	STATE Maryland COUNTY Allegany
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to
OR and give nearest_town)in_this place)	OR Cumbarland
Optown Cumberland 25 Years	Town
HOSPITAL OR	STREET (If rural give location)
institution or 519. Shriver Ave	ADDRESS 519. Shriver Ave
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: Sara G	rindle OF March 27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H
(Specity): WICOW	iber 9 1880 74 yrs. Months Days Hours M
OA. USUAL OCCUPATION (Give kind of 100 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	Lonaconing Maryland USA TRY?
13. FATHER'S NAME: John W. Robertson	14. MOTHER'S MAIDEN NAME:
001#1 # # 110B01 0B011	Rebecca Jenkins
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes. no. or unk.) (If Yes, give war or dates NO of service)	John Koontz, Cumberland, Md.
NO of service)	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	in Neffritis -
(C)	Ma -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	yer / be
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY
	YES NO
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?
OF INJURY While Not while	ZIII NOW DID INGONI GOCONI
M. at work at work	
22. I hereby certify that I attended the deceased from 3	/55, 19, to 3/27 /55, 19, that I last saw the decea
3 20/55 10 and that death accounted at	1120fc
and that death occurred at	H30th from the causes and on the date stated above.
	3/26/8
	1. D. Culleland NG spie
DEMONIAL (CRECIEV)	ERY OR CREMATORY LOCATION (City, town, or county) (St
Buriai Mar 30 1955 Frostburg I	Memorial Park Frostburg, Md.
The state of the s	
DATE REO'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

- 10 - 53 A15 VS.

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Ver e 1366

DECENARIO

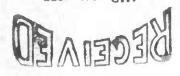
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2163 CERTIFICATE OF DEATH

2163	CERTIFICATI	E OF	DEATH	Reg. Dis	t. No. 4
I. PLACE OF DEATH:		2. USUAI	RESIDENCE (HOME	OF DECEASED:	· ·
COUNTY Allegany			Maryland	COL	NTY Allegany
CITY /If outside comments limite could	MARYLAND RURAL LENGTH OF STAY	STATE	(If outside corporate li		
2 Town Cumberland	(in this place) 52 yrs.	TOWN	Cumberland	1	02
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial	Hospital	STREE	ESS	If rural give location e Street	n)
3. NAME OF (First) DECEASED: (Type or Print) William	(Middle) Frederick Gul	(Last) bronso	4. DATE OF DEATH:	(Month) (Da	(Year) 19 55
5. SEX: 6. COLOR OR 7. SING RACE: WIDO		of BIRTH:	9. AGE last 1	yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired red doubler	10b. KIND OF BUSINESS OF TINDUSTRY: Tin Plate Mill	R II. BIRT	Paw, W. Va.	reign country): 12.	CITIZEN OF WHAT COUNTRY? USA
I3. FATHER'S NAME:			ER'S MAIDEN NAME:		
L. P. Gulbronson		Jo	sephine Chr	istophers	on
15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, 76, or unk.) (If Yes, give war or dates of service)		. INFORMAN	F. Gulbro		
inition of chart	Card	Peax	Silas	totion	Interval Between Onset And Deat
Antecedent causes (s)		oce	elti		6 my
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin					
19a. DATE OF OPERATION: 19b. MAJO					20. AUTOPSY ?
0					Yes No
21. ACCIDENT (Specify) PLA OF INJUSTICE	CE (Home, farm, factory, street office bldg., etc.)	t, (CITY	OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DI	D INJURY OCCUR?		,
22. I hereby certify that I attended to alive on SIGNATURE, 1955, and	that death occurred at (Degree or title)			and on the date	
23. BURIAL CREMATION, DATE THER REMOVAL (Specify) 3-11-1				ON (City, town, or	
	955 Hillcrest		E SCARPOL	herland,	

S261 21 84W



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7. The

Reg. Dist. No.

× .	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
item of information carefully.	011	AN AN AN
il go	COUNTY HILL OF AN V MARYLAND	STATE VIRVIAN COUNTY ALOGANV
Ca	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
tion	OR and iv tearest town) (in this place)	TOWN OILL
a ti		O TO TO WY
item of information of death clearly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
or	TO STREET ADDRESS Olatown	
or or	3. NAME OF _ (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
F F	DECEASED: (Middle)	(Last) 4. DATE (Month) (Day) (Year)
0 1	(Type or Print) RANCES Tebecca	ARTICY DEATH: MAR. 23 1955
de		OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	F RACE: WIDOWED, DIVORCED, (Specify): Widowed, Abr.	3 - 1866 89 yrs. Months Days Hours Min.
Supply every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	
every	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
cal	even if retired); Housewite	Penna. I.S.A.
oly	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
th lb	T 11	N NI 11 ++
S. te	JACOD LEIGHTY	MARY MALOS
K. Supply write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES: //16. SOCIAL SECURITY No. (Yes, no, or upk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
	of service)	Mas Ressia Henry 100 men and
	18. MEDICAL CERTIFICAT	TON DESSIE IT IT IT IT IT IT IT IT
NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	11222	O DEATH TO A A TOURSET AND DEATH
AI AI	IMMEDIATE CAUSE (A) CREUTE	Alliand Color
IF.	DUE TO	. / . / / /
TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)	un denis o Minocardad
0.1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	action of my carried
The Property	STATING UNDERLYING CAUSE LAST. DUE TO	11
D Ind	omnie	4 recents
A III	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E M	TO THE DEATH BUT NOT RELATED TO THE	remem -
AINLY, W	DISEASE OR CONDITION CAUSING DEATH.	
I mi	198. MAJOR FINDINGS OF OPERALION	20. AUTOPSY?
L'L		YES NO L
OR WRITE PLAINLY ge is especially import	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (County) (State)
TE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
SI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	1 21- How DID IN HIDY COURS
WI	OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
2 .5	M. at work L at work L	Ma.
0.1	22. I hereby ceptify that I attended the deceased from	196 to Mul 31953, that I last saw the deceased
E 0	MANELON CS	()//
t P	alive on and that death occurred at	M from the causes and on the date stated above.
TY	SIGNATURE	ADDRESS DATE SIGNED
SE TYI	2, C, Mycle as M.	. D. Christiand. 0/28/0
20 00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	TRY OR CREMATORY LOCATION (City, town, or county) (State)
E A	BURIAL NAR. 26655 Gendale	Cemetery Flintstone Nd.
PLEASE TYPE correct ag	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1/24. FUNERAL DIRECTOR ADDRESS
Α .	REGISTRAR	ADDRESS
	March 26,1905 Mrs. Jay Duckwork	Tohe to Haper, Ir.
		L.D.H.

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DEATH

AState!

DIRECTOR

LOCAL

2861 3.1 AAM

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PLEASE TYPE

VS. A15

CERTIFICATE OF DEATH

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		OI DISTILLE REG. DIST.	110.
	. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	0: (
	COUNTY CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and flys nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	n give neadest town)
É	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
1	STREET ADDRESS SOE /NA · CUCLE NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Oay) (Year)
	DECEASED: (Type or Print) S. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	23 1955 EAR IF UNDER 24 HRE.
	Male Whate Specify Manual Man	24,168 46 yrs. Months D	ays Hours Min.
10	NA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OR INDUSTRY:	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY WHAT
1	3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Was Deceased Even In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Mrs C. D. Hawks Well	- 120
=	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	DUE TO	ary Embolus	90 Minutes
	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, ONLY OF THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
L	(C)		
1	I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
	9a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
0	1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., if either, notify medical examiner)	etc. INJURY OCCUR?	(State)
,	TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
100	2. I hereby certify that I attended the deceased from alive on Mar. 23 , 1955, and that death occurred at		
2001	SIGNATURE D O O O O O	ADDRESS DAT	re signed Mar. 25. 1955
100	3. BUBIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
-	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

2361 88 AAM

BECENTED

2164
2164
DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMI	NER'S	ERT	IFICAT	E OF	DEATI	N H	To	7
I. PLACE OF DEATH:	MARYLAN	- 11	USUAL RESIDE STATE		OF DECEASED:			
CITY (If outside corporate limits, write RI OR and give nearest town)	(in this p	place)			its write RURAL		ive nearest	_
HOSPITAL OR Dead on arr	Hospital	ie	ADDRESS F	R.F.D.#1	rural, give locat	lon)		1
3. NAME OF (First) DECEASED: (Type or Print) Harry Gene		Herlin		4. DATE OF DEATH	March	(Day)		55
male RACE te WIDE	oweds plyerced,	s. date o June	1-1953		1 yrs. Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	INDUSTRY N		Cumber	Land, Md	oreign country):	C	S.A.	WHAT
Henry Ward Herli	ne Jr.	1	Morma I		nroyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	7 16. SOCIAL SECURITY	No.: 17.	informant & ather) He	address: enry W.	Herline	Jr.		
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH	I:	ichson S	yndrome			INTERVAL BI	
	Strepto co	cci pn	eumoniti:	S	ab	out	14 hr	·S•
II. OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DE	TO THE							
19a. DATE OF OPERATION: 19b. MAJOR							20. AUTOP	
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm OF street, office k INJURY	oldg., etc.,	21c. (City or to		(County)		(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	work at	while work	21f. HOW DID			ata .		
22. I hereby certify that I took char find that death resulted from: N SIGNATURE			t [], Suicide		eide [], Und EXAMINER EXAMINER	leterm		ise 🔲 .
H. V. Deming M. D. 77.	EOF I NAME OF C	EMETERY						tate)

VS. A15A - 5 - 53

PLEASE WRITE PLAINIT, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SEL 6 RAM

BECENAED

William our	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 ()2162
. The	2165 CERTIFICATE	E OF DEATH Reg. Dist. No. #
ally.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully legibly.	COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALLEGANY
	CITY (If outside corporate limits, write RURAL) OR and give nearest town) OLTOWN CUMBERLAND CUMBERLAND CITY (If outside corporate limits, write RURAL) (in this place) 76 DAYS	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS T.#1 / Me Summer
		(Last) 4. DATE (Month) (Day) (Year) OF DEATH MARCH 16 19 55
it of	MALE WHITE Specify: WIDOWED B. DATE MARCH	5, 1876 9. AGE last birthday If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
NG every causes	work due diring post of working life. OR INDUSTRIAL Q.	MARYLAND, (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
BINDING Supply evite the cau	13. FAIRERS HAME:	14. MOTHER'S MAIDEN NAME:
Sup te t	MICHAEL HIGGINS V	MARY ANDELANEY
FOR BIJ INK. Su se write	(Yes, not unk.) (If Yes, give war or dates of service)	MEMORIAL HOSPITAL, CUMBERLAND, MD.
RVED DING: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HADOO IMMEDIATE CAUSE (A) OUT OUT TO	Scleratic Fourt Desart
RGIN RESE WITH UNFA it. Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	2 arteriosclerais
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	a source according
3	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WRITE PI especially	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
> 10	OF INJURY OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
TYPE OF	22. I hereby certify that I attended the deceased from alive on alive on 1955, and that death occurred at SIGNATURE	6:42P M, from the causes and on the date stated above. ADDRESS DATE SIGNED
PLEASE cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURIAL SPECIFY) MARCH 21, 1955 Killcres	ERY OR GREMATORY LOCATION (City, Jown, or county) (Start)
i d	DATE REP'D BY LOCAL REGISTRAR'S SIGNATURE MEGISTRAR 18, 1955 Winter Nanty M.D.	L. K. Hurst, Stortherg, ADDRESS

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UZANAN AN	waner!	MARYLAND STATE DEPARTMENT OF HEALT	H—RALTIMORE 18	u2164
A B CHICKE	The	Items 18&21 Film G178 3-10-5ERTIFICATE OF DEA		t. No. 4
	lly.	1. PLACE OF DEATH: 1 2. USUAL RESID	ENCE (HOME) OF DECEASE	
	information carefully clearly and legibly.	ALLEGANY MARY AND	ENCE (HOME) OF DECEASE	LD:
_	ar eg	COUNTY ALLEGANT MARYLAND STATE MA		RETT
	n c		corporate limits, write RUBAL	and give nearest town)
-	tion		AKLAND, rural	11x-2
18	ma	HOSPITAL OR MEMORIAL HOSPITAL STREET ADDRESS	(If rural give location)
7	nforma	60 STREET ADDRESS MEMORIAL & WARWICK AVES., RT	• #1	V
V	in h c	3. NAME OF (First) (Middle) (Last)		(Day) (Year)
	em of indeath	DECEASED: (Type or Print) RANDY DALE HOLLER	DEATH: MARCH	4 19 55
	item of de	RACE: WIDOWED DIVORCED.	9. AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS.
		MALE WHITE (Specify): SINGLE DECEMBER 16.1954	yrs. Months	Days Hours Min.
	causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE work done during most of working life. OR INDUSTRY:	(State or foreign country): 12	CITIZEN OF WHAT
5	ev	even if retired): Mase OAKLAND.	MARYLAND	COUNTRY?
	Supply ite the c			
Z	up e tl		POSCO	
M		15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		
FOR BINDING			l Storbulal	
		18. MEDICAL CERTIFICATION	000 4/2 41	INTERVAL BETWEEN
RESERVED	UNFADING sicians: plea	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
RV	<u> </u>	921.0 Inhalation the	ruoma	5 class
SE	TH UNFAI	IMMEDIATE CAUSE OUE TO	1 0	- Scraege
(日)	Ici	ANTECEDENT CAUSE (S) In Colottan & mus		
		GIVING RISE TO THE ABOVE CAUSE DUE TO	9	
15	heed			
MARGIN	AINLY, Wimportant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
×	LY, orta	TO THE DEATH BUT NOT RELATED TO THE		
	NI	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
				YES NO THE
1	PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE		
	VRITE PL especially	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE I OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCU		
	RITE	(IF EITHER, NOTIFY MEDICAL EXAMINER) Home 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID	INJURY OCCUR?	ett Md.
		Womited and	d inspirated milk :	into lung
	R is		2 1 60	
	0 9	o l	5 -4, 190 , that I las	st saw the deceased
10 80	TYPE rect a	alive on a 1954, and that death occurred at 10.11/2000 trom t		
10	E TYR	SIGNATURE	1 /	TE SIGNED 3//
ī		23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY	- Cuenc	Now Me As
12	PLEASE	MEMOVAL (SPECIFY)	Kit M	Da C
A1	口回	DATE REC'D BY LOCAL REGISTRATES SIGNATURE A. FUNERASE	Jugnilles, 11	ADDRESS 1
VS.	Δ,	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	The Capla D	me de la
		104 ch 3 1933 W.T. Drawny 111. D. Merry Work	ven, varanca,	varyland.
		20143990943		/



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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS. A15 -

MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	02166
WWW.0					

Item 8, FilmG180 4-15-55 et CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegary MARYLAND	STATE 17d COUNTY Alle geray CITYIIf outside corporate limits, write RURAL 2nd give nearest town
CITY (if outside Corporate limits, write RURAL OR and give nearest town) TOWN FlintstogE 2 4 2 3	CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Flintstone
HOSPITAL OR INSTITUTION OR Flintstore	STREET (If rural give location) ADDRESS Flin + store 870 Route
DECEASED: 7/	(Last) 4. DATE (Month) (Day) (Year)
Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, UND Specify): W. Jowed Marking 11444	9. AGE last birthday 17 UNDER 1 YEAR 17 UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: 10B. KIND OF BUSINESS OR I	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lohn Hout	14. MOTHER'S MAIDEN NAME: Anna Dunkirk
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hower Hout, Flintstore, 17d.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A)	ON INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, (B)	Ight ortunialini year
STATING UNDERLYING CAUSE LAST. (C)	9
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO A
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on 3/22, 1955, and that death occurred at	4 1 1 1 22 2 2 1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Dari al Mar. 26 1955 Green moun Date REC'D BY LOCAL RESISTRAT'S SIGNATURE GISTRAR 2 1955	24. FUNERAL DIRECTOR ADDRESS

DECENTED.

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Supply every item of information carefully. Twrite the causes of death clearly and legibly

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MARYLAN	D STATE	DEPARTMEN	T OF	HEALTH-	-RALTIMORE	, 18
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MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Allegany MARYLAND	STATE Md. COUNTY Allegany
CITY (1f outside corporate limits, write RURAL OR and give nearest town) 2 Town Cumberland LENGTH OF STAY (in this place) 2+ days	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET (If rural, give location) ADDRESS 1103 Virginia Ave.
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 10 1955
6. COLOR OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED, (Specify): married May	E OF BIRTH: 9. AGE last birthday: If UNOER 1 YEAR IF UNOER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY:	Klondike Md. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:

13. FATHER'S NAME:

Robert Reed Susan Thomas

WAS DECEASED EVER IN U.S. ARMED FORCES ? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No .: (Yes, no, or nnk.) | (If Yes, give war or dates of none

Memorial Hospital records. no

18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 422,2 Myocardial failure 2 weeks Immediate cause (a)... DUE TO Mntecedent cause(s) Myocarditis (b)

Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE Fractured neck of left femur. DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? reduction fracture reduced Jewett
21b. PLACE (Home, farm, factory,
OF Street Mice bldg., etc.,
INJURY TOMPSEC bldg., etc.,
Cumberland Yes No 17 21a. EXTERNAL CAUSE WAS

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Allegany / 21f. HOW DID INJURY OCCUR? Fell to 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at Not while floor & fractured left femur work [at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry * [], and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED

23. NURIAL, CREMATION, REMOVAL (Specify): CEMETERY (State) ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2170	CERTIFICATE	OT	TITLATIT
			4.4

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH STATE Maryland COUNTY Allegany Allegany MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) OR and give nearest town) O 2TOWN Cumberland TOWN HOSPITAL OR STREET. (If rural give location) INSTITUTION OR MODIFESS STREET ADDRESS Sacred Heart llı-D Jane Frazier Village (Last) (First) (Middle) 4. DATE (Month) (Year) 3. NAME OF DECEASED Johnson Charles DEATH: March (Type or Print) Henry 6. COLOR OR 7. SINGLE, MARRIED. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, Days Hours (Specify): Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? Labo is Ergired): St. Peter. & Pauls Cumberland 13. FATHER'S NAME: Kutch 14. MOTHER'S MAIDEN NAME: Benedict Johnson Louise C. Dummell 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES! Yes, no, or unk of If Yes, kive war or dates of service . I Patient's Chart. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work L , 1947, to 3/3/ , 1944, that I last saw the deceased 22. I hereby certify that I attended the deceased from 127 M, from the causes and on the date stated above. , 19 ... , and that death occurred at 2 DATE SIGNED SIGNATURE LOCATION (City, town, or county) 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) REMOVAL (SPECIFY) Cem | Cumberland, Md. St Peter & Pauls

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

James F. Scarpelli Cumberland, Md

OR 田 TYP SE

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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while M OF INJURY at work at work / 50 8 22. I hereby certify that I attended the deceased from 1953 to 7. 24, 1955 that I last saw the deceased 0 PE C . 1957, and that death occurred at 8:40 MM from the causes and on the date stated above. ect XL SIGNATURE

> 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) March 27 1955 Burial

DATE REC'D BY LOCAL

Greenmount Cemetery REGISTRAR'S SIGNATURE.

NAME OF CEMETERY OR CREMATORY

Willia m H. Kight

ADDRESS Cumberland

LOCATION (City, town, or county)

Cumberland

DATE SIGNED

Min.

NO

(State)

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The same the contraction of the

STANDON OF THE PROPERTY OF THE

thin corporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2172 CERTIFICATE OF DEATH Reg. Dist. No. carefully. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED legibly Md. Allegany COUNTY COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) and OR and give nearest town) information TOWN Cumberland TOWN Cumberland > HOSPITAL OR STREET (If rural give location) clearl INSTITUTION OR **ADDRESS** 226 Grand Ave. STREET ADDRESS Sacred Heart Hospital (First) (Middle) 3. NAME OF (Last) 4. DATE (Month) (Day) death DECEASED: of DEATH: March Baby Boy (Type or Print) item SINGLE, MARRIED. COLOR OR 7. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR Jo RACE: Months (Specify) March 22,1955 IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHELACE (State or foreign country): [12.

every causes _CITIZEN OF, WHAT work done during most of working life. DR INDUSTRY: COUNTBY 2 even if retired): BINDIN pply 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 0 Clide Kemp Shirley Robinette Su te Wri 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. × (Yes, or unk.) (If Yes, give war or dates Mother's chart of service) se 140 ea 18. MEDICAL CERTIFICATION C INTERVAL BETWEEN MARGIN RESERVED ADIN d DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immature Organs MMEDIATE CAUSE sicians DUE TO ANTECEDENT CAUSE (S) matere Dirth (24wks) DISEASES OR CONDITIONS, IF ANY, (B) Phy GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO H (C) × important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: d 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) (E) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RITI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 13. 2 22. I hereby certify that I attended the deceased from Jakon 0 age .. , to , 19 ..., that I last saw the deceased 回 , and that death occurred at M, from the causes and on the date stated above. TYPI SIGNATURE DATE SIGNED 国 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) S REMOVAL (SPECIFY) K

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg Diet No. 4

1.5	:	OBITITIOATI	Reg. Dist. No. 7
rge	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
7 7	gil	COUNTY Allowany MARYLAND	STATE Md. COUNTY Allegany
No. of the second	ca le	COUNTY Alleyany MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
		OR and give nearest town) (in this place)	OR
V	tio	OQTOWN Cumberland 27 days	TOWN Cumberland
-A	na ly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
918	of information ath clearly and	STREET ADDRESS Sacred Heart Hospital	226 Williams St.
	/.5 %		(Last) 4. DATE (Month) (Day) (Year)
	m of death	DECEASED: (Type or Print) Bessie Regina Ketzn	ner DEATH: March 23. 19559
	item of de		OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
	ite	RACE: WIDOWED, DIVORCED,	Months Days Hours Min.
		Female White (Specify): single 12/11	1/99 55 yrs.
	every	IOA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
O	ev	even if retired): Tel. operator B&O Railroad.	COUNTRY?
Z	> 0		W. Va. U. S. A.
9	ppl:	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
FOR BINDING		John Ketzner	Caondina Former
20	02 12	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
2	K. Su write	(Yes, no, or unk.) (If Yes, give war or dates	Sacred Heart Hosp.
0	INK se w	No of service) 705-05-4473	Patient's chart Anna Ketzner, Cumberland, M.
		18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
- G	DING: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
>	IQ	175X	+
6		IMMEDIATE CAUSE (A) Care	ecnomotoris 4 UNS
502	UNFA	DUE TO	emorio of Charies 2 min
E.	UN	ANTECEDENT CAUSE (S)	emoria of Persis 12-
7	2	GIVING RISE TO THE ABOVE CAUSE	of cours pring
H	TH	STATING UNDERLYING CAUSE LAST. DUE TO	
MARGIN RESERVED		(C)	
4	AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Σ	r t	TO THE DEATH BUT NOT RELATED TO THE	
	INL	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
1	ii E	194. DATE OF OPERATION: 198. MAJOR PINDINGS OF OPERATION	20. A0107311
	14		YES NO
(/RITE PI	21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	tory. etc. 21c. WHERE DID (City or town) (County) (State)
		210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
		20 71 1 46 41 47 44 1141 1 16 7 8	1955 to 231955, that I last saw the deceased
50	TYPE rect ag	alive on 2002. 23, 1955, and that death occurred at	M, from the causes and on the date stated above.
1	F F	SIGNATURE	ADDRESS DAPE SIGNED
7		Clay Surrett M	D. Comberland 3/25/50
2	ASE		ERY OR CREMATORY LOCATION (City, town, or county) (State)
41	回	Burial Mar. 26,1955 St. Patrick	cs Cemetery Cumberland, Md.
	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
S	14	REGISTRAR - 1/1 To 1 + + - M	
		March 25, 1955 want R. Orang, M. N.	H. Wayne George, Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE 18	02172
MEDICAL EXAMINER'S CER	MITTIE ON THE TOTAL PROPERTY.	No. 6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE Md. COUNTY Allegan	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DAWSON LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN DAWSON	give nearest town)
HOSPITAL OR INSTITUTION OR HOME R.F.D.#3	STREET ADDRESS Home R.F.D. #3 (Keys	er)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Sharmain Robin	(Last) (Last) (Last) (Last) (Month) (Day) OF DEATH March 17	
RAGEA WIDOWED DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y. 10.10.1955 Oyrs. Oyrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None 10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): I2.	CITIZEN OF WHAT COUNTRY! U.S.A
13. FATHER'S NAME: Arnold D. Kimble	Lauvella Hoopengarner	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Arnold D. Kimble - Dawson, M	ld.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Antecedent cause	nia	Interval Between Onset and Death 4 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 2
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 21b. PLACE (Home, farm, factory of street, office bldg., etc.	c, 21c. (City or town) (County)	(State)
ZId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Accisionature H. V. Deming, M.D. H. L. Loming M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	dent [], Suicide [], Homicide [], Undeter: CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	mined cause []. DATE SIGNED
ur land val (Specify): 3-19-55 Queens Poin	t Cemetery Keyser,	
REG18-55 Ms Jean C. Kelly	Rogers Funeral Home Keyser	ADDRESS
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VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 021,73

CERTIFICATI	E OF DEATH Reg. Dist. No 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY COLLEGE MARYLAND	STATE MILL COUNTY CELLSAME
CITY (If outside corporte limits write RURAL LENGTH OF STAY	
OR and the neares town) (in this place)	TOWN Hectiveseet 143
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kallurs Kill	STREET (If rural give location) ADDRESS Kalkurs Kell
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Mall RACE: WIDOWED, DIVORCED, Specify House Fold	21 1870 77 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Same Kick	Jane Lament.
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS;
(Yes, refor unk.) (If Yes, give war or dates of service)	Miskaward Freum Hutruser
18. MEDICAL CERTIFICAT	MILKING BEIMEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	corditis and Cordia & Decomponentum ONSET AND DEATH
1422 IMMEDIATE CAUSE (A) Not specif	Ried as Rheumatic I Year
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	breepenses with Asthma 10 Years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
0	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Mar	8 , 1955, to Mat q , 1955, that I last saw the deceased
alive on Mer. 8 , 1955 , and that death occurred at	
SIGNATURE Paul RAVILLA	A.D. Presment W. V. Mag 11. 1951
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
124rial 3-12-195 Jamel 1	ell cemetry Masiaw, mi.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-(3) M. S. Gron C. Kelly	24 FUNERAL DIRECTOR ADDRESS
3-1-3-11/04	you prome promungant

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		DR. WEISMAN 2174 CERTIFICATE	E OF DEATH Reg. Dist.	
	full	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
carefully	careful	COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALLI	EGANY
	tion ca	CITY (If outside corporate limits, write RURAL OR and give nearest town) CUMBERLAND LENGTH OF STAY (in this place) 28 DAYS	CITY(If outside corporate limits, write RURAL a OR TOWN CUMBERI AND	nd give nearest town)
M	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural give location) ADDRESS BEDFORD ST	1
	inf	3. NAME OF (First) (Middle)		Ony) (Year)
	em of i	DECEASED: (Type or Print) CLYDE E LAF	RGENT DEATH: MARCH	8 1955
			OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR 1F UNDER 24 HRS. Rys Hours Min.
51	every	NOA. USUAL OCCUPATION (Give kind of two work done during most of working life.	11. BIRTHPLACE (State or foreign country): 12. CUMBERLAND MARYLAND	CITIZEN OF WHAT
NI C	pply the c	13. FATHER SYNAME: Rosenbourn Bros,	14. MOTHER'S MAIDEN NAME:	WU.
BINDIN		GEORGE W LARGENT	LAURA BUCY	.0
FOR E	INK. Su se write	(Yes, po) or unk.) (If Yes, give war or dates of service)	Memorial Hospital	
_		18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
VE	Za	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ER	FADI	IMMEDIATE CAUSE (A) Carcus	matocce, generalized	She
RESERVED	UNF	ANTECEDENT CAUSE (\$)	abdominal	
ARGIN	ITH	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Carcenous of live	3 am
MAR	2 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in Jebens	
	PLAINLY lly import	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	PL.	Los		YES NO
1	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
	10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
parting .		22. I hereby certify that I attended the deceased from 3 /Qe		saw the deceased
	म् व	alive on & Grack, 1957, and that death occurred at	2:35 PM, from the causes and on the date :	
ee .	6	Hamille Colores Con	. D. Cumberland (und	3/9/55
- 10 - 53			DV OD CDEMATORY 1 1 CONTINUE (Circum	Service Servic
115 — 10 - 53	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	
'S. A15 — 10 - 53				county) (State) ADDRESS

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PLACE OF DEATH

13. FATHER'S NAME:

George

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

write RURAL and give nearest town)

(Day)

(Year) 1955

IF UNDER 24 MRS.

ONSET AND DEATH

	caref	COUNTY Allegany MARY	_ANDSTAT	MD. COUNTY	Alle
M	ion ca	CITY (If outside corporate limits, write RURAL LENG (in Caron Cumberland)	TH OF STAY CITY(of this place) OR TOWN	If outside corporate limits, write Lonaconing	e RURAL a
	nformat	HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hos	pital stre	RESS	race
	of in	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Daniel Young	(Last) Lashbaugh	4. DATE (Moi OF DEATHMAI	
	item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Single	Nov. 13 19	9. AGE last birthday 02 52 yrs.	Months I

Months Days Hours VIR BIRTHPLACE (State or foreign country): |12. CITIZEN OF COUNTRY? U.S.A. Lonaconing MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

Marion Brown 16 SOCIAL SECURITY NO

(BROTHER) Alex Lashbaugh, Lonaconing, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN

14. MOTHER'S MAIDEN NAME

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO

USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS

(B)

DUE TO (C)

DISEASE OR CONDITION CAUSING DEATH

MAJOR FINDINGS OF

OR INDUSTRY:

21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

(County) (State)

(State)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) OF INJURY

21A. ACCIDENT WAS UNDERLYING

work done during most of working life.

S. WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no, or unk.) (If Yes, give war or dates

ANTECEDENT CAUSE (\$ DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST

of service)

"Jahitor . W. Va. Pullp

Lashbaugh

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

> 21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

, 1953 to man 31, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from Jent 4 M, from the causes and on the date stated above. 195 , and that death occurred at alive on 3/

SIGNATURE ADDRESS DATE SIGNED

LOCATION (City, town, or county) 23. BURIAL, CREMATION. THEREOF NAME OF CEMETERY OR CREMATORY Moscow, MD. Hill Cemetery. REMOVAL (SPECIFY) April, 3.1955 Laurel

Buria. LOCAL

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, MD

RESERVED

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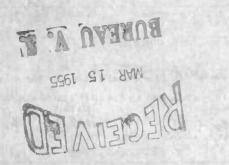
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BUREAU V. S.

Mr. Sene

A street of the control of the contr

Outside	3.65	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02177
The W	File	2230 CERTIFICATE OF DEATH Reg. Dist	. No. 4
ample of the second	alls	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	carefull legibly.	COUNTY Allegany MARYLAND STATE Maryland COUNTY Alle	ganv
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL)	
	tion	X TOWN (Rural) Cumberland 40 Years Town (Rural) Cumberland	X
M	information clearly and	HOSPITAL OR ROUTE # 1, Cash Valley STREET ADDRESS Raute # 1, Cash Valley ADDRESS Raute # 1, Cash Valley Raute # 1,	alley Road /
	of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) Margaret Lucas DEATH: March 8	Day) (Year)
	ite	Female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow 3. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1. Months IF UNDER 1.	
57	causes	10A. USUAL OCCUPATION (Give kind of working life. work done during most of working life. even if retired): 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. 11. Keystone Penna	CITIZEN OF WHAT COUNTRY?
BINDIN	the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Jane Purdy	
FOR B	INK. Su se write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes. no. unk.) (If Yes, give war or dates of service) None Mrs. Ada Hughes, Rtl, Cumberl	and Md
N RESERVED	TH UNFADING Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	INTERVAL BETWEEN ONSET AND DEATH
IARGIN	, WI ant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
19/	- m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	rite observation
	e e	22. I hereby certify that I attended the deceased from 2/1347, 19 , to have 8, 19 S that I last	saw the deceased
10 - 53	SE TYPE	alive on 3, 7, 19.55, and that death occurred at 11 7M, from the causes and on the date SIGNATURE ABORESS	
A15 —	EAS	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Burial Park Prostburg, Memorial Park Prostburg, Memoria	
VS. A	PL	Date REC'D By Local REGISTRAR'S SIGNATURE William H. Kight Cumberl	and Tes



ASTRONOM SAME UNIONS DE ATTENDES DE ATTENDES DE CONTROL SE CONTROL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEAT

1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF	DECEASED:		
COUNTY Allegany	MARYLAND	STATE W.	Va. coun	TY Miner	al	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland	tength of stay (in this place) 77 days	CITY (If outside OR TOWN Rid	corporate limits	write RURAL	85 X	town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Memorial Hospit	tal	STREET ADDRESS 45	Knobley	St.	on)	V
3. NAME OF (First) (Mic DECEASED: (Type or Print) Nettie Amar	adde) nda Magi	(Last) ruder	4. DATE OF DEATH	(Month) (Day) (Year) 13 19	55
5. SEX: 6. COLOR OR 7. SINGLE, MAI WIDOWED, I (Specify) WICO Work done during most of work life, Heren is retired;	DIVORCED.	9-1869	nd Md.	yrs. Months	Days Hours 12. CITIZEN O COUNTRY	Min.
13. FATHER'S NAME:						
Benjamin R. Valentine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC			ah Hilde	ebrant		
(Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & A				
4 no service) no	one U	Memorial Ho	spital 1	records.		
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH:	AL CERTIFICATION			INTERVAL I ONSET AN GTAC SEVE	ual
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	ioscleroti	e cardio va	scular d	disease.	dura	tion.
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DEATH	Fracture	at neck of	right fe	emu r.	77 d	ays.
19a. DATE OF OPERATION: 19b. MAJOR FINDING						No 🛅
CAUSE OF DEATH.	URY OCCURRED e at Not while	Ridgely 21f. How DID II	NJURY OCCUR	? Walkir		s bed-
22. I hereby certify that I took charge of the find that death resulted from: Natural SIGNATURE H. v. Deming M.D. A. L. Len	ne remains descri	bed above, held an dent [], Suicide [CHIEF DEPUT	Autopsy [, Inspection e [], Under CAMINER	3, Inquiry	and use .
23. BURNAL, CREMATION, DATE THEREOF 3-15-55 DATE DEC'D BY LOCAL REGISTRAR'S SIGNAT NEED 14 1955	Rose Hi	PY OR CREMATORY LE FUNERAL DIR LO Mas.	Louis	(City, town, or belan	ADDI	(State) RESS MA

Strongs.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BECENED

BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02179

I. PLACE OF DEAT	H:			- 11	2. USUAL RESIL	ENCE (HOME)	OF DECEASED:			
COUNTY A	llegany		MARYLANI				Allegan	V		
CITY (If outside	corporate limits.	write RURAL	LENGTH OF	STAY						
OR and give ne	berland		in this pi	ace)	OR Cum	perland.	its, write RURAL s	and give	nearest t	own)
HOSPITAL OR INSTITUTION OR					STREET		f rural, give location	n)		21
STREET ADDRES	s 506 She	eridan Pl	ace		ADDRESS 2	Maple S	St.			
3. NAME OF DECEASED:	(First)	(M	iddle)		(Last)	4. DATE	(Month) (D	ay)	(Year)	
(Type or Print)	Frank	Ge	0.		iatt	OF DEATH	3- 28-		1955	
RA	LOR OR 7.	SINGLE, MARK WIDOWED, DI	VUBUUD	DATE O	F BIRTH:	9. AGE isst	birthday: IF UNDE		IF UNDER	-
M	W	(Sbecnia): MS L	ried	June	I6, I875	79	yrs. Months	Days	Hours	Min.
work done during	ATION (Give king most of working	ind of 10b. KI	D OF BUSIN	ESS OR	11. BIRTIIPLA	E (State or for	eign country):	12. CIT	IZEN OF	WIIA
abor Stree	T Dent 10	tred City	of Cur	nberl	and Cum	perland.	Md.	US	UNTRY?	
I3. FATHER'S NAME	S:]]	4. MOTHER'S M.	AIDEN NAME:				
George G.					Carol	ine Zapp)			
I5. WAS DECEASED EVE (Yes, no or unk.) (If	res, give war or d				NFORMANT & A					
1 NO serv	ice)	Non	e	I M	rs. Jose	ph Least	are 506 Sh	neri	dan J	1.
/				ICAL CE	RTIFICATION					
I. DISEASES OR COL		CTLY LEADING	TO DEATH		10 .1			INT	SET AND I	PEATH
Immediate cau	ise (a) (0	ngerlu	u -	to lune	^		. 15	· fearer	
	DUE	E TO	//		1 10		Å		beilelist dan	~
Antecedent car		b) Arthir	SPRODIE	Law	tio-Vascu	lar Itsel	on - Mucro	1.tz	- 54	24
Diseases or conditi giving rise to the s stating underlying	bove cause DUF cause last	Е ТО	, , , , , , , , , , , , , , , , , , , ,		**************************************	re en l'est se en esplante artiste a a a	J. A. M. A. M.			1.1.15.
II. OTHER SIGNIFIC	ANT CONDITIO	c)								
Conditions contributed to the disease	ting to the death	but not								
19a. DATE OF OPER	ATION: 19b. M	AJOR FINDINGS	OF OPERAT	ION:				1.20	AUTOPS	Y ?
0								1	Yes [N	-
21. ACCIDENT	(Specify)	PLACE (Home	£ £ 1				(COVINTENT)	(STAT	The state of the s	
SUICIDE HOMICIDE	(Decory)	OF office b	ldg., etc.)	street,	(CITY OR TO	WN)	(COUNTY)			
SUICIDE HOMICIDE TIME (Month) (Hour) INJURY	ldg., etc.) Y OCCURRED		HOW DID INJU		(COUNTY)			
SUICIDE HOMICIDE TIME (Month) (OF INJURY	Day) (Year) (Hour) INJURY While a work	Idg., etc.) Y OCCURRED t Not while at work		HOW DID INJU	RY OCCUR?				
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certif	Day) (Year) () fy that I atter	Hour) INJUR While a work [Y OCCURRED t Not while at work	March	HOW DID INJU	RY OCCUR?	that I last	saw th	ne decea	sed
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certification of the control of the certification of the c	Day) (Year) () fy that I atter	Hour) INJUR While a work [Y OCCURRED t Not while at work sed from	March	How did inju	RY OCCUR?	that I last	saw th	ne decea	sed
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certin	Day) (Year) () fy that I atter	Hour) INJUR While a work [Y OCCURRED t Not while at work	March	How did inju	my occur?		te state	ne decea	е.
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certing alive on	fy that I atter	Hour) INJURY While a work on the decea	Y OCCURRED t Not while at work sed from ath occurred (DEGREE OR	March d at	How did inju	my occur?	s and on the day	te state	ate sig	NEIV
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certification of the control of the certification of the c	fy that I atter	Hour) INJURY While a work [anded the decease, and that deceases.	Y OCCURRED t Not while at work ath occurred (DEGREE OR	May (L) d at	How did inju	my occur? 19 The cause Locatio	s and on the day	te state	ate sig	е.
SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certification of the service of the serv	fy that I atter 19.5 for Line TION DATE TO 3.	Hour) INJURY While a work on the decea	Y OCCURRED t Not while at work sed from ath occurred (DEGREE OR	May (L) d at TITLE) /3: METERY S CO	HOW DID INJU	my occur? 19 om the cause Hue, Control Cur.	s and on the day	county)	ed above ATE SIG (Sta	NEIV

8-51 VS. A15

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DECEUVED APR 6 1955

BUREAU V. S.

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Physicians:

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ADING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2231

CERTIFICATE OF DEATH

Reg. Dist. No.

	ull ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefull legibly.	COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
0	ation c	CITY (If outside corporate limits, write RURAL on and give nearest town) TOWN Near Cumberalid LENGTH OF STAY (in this place) 50 Yrs	CITY(If outside corporate limits, write RURAL and give nearest town or TOWN Near Cumberland
M	informat clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Pike, R.F. D. 2	STREET (If rural give location)
	of	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: March 1. 19 55
	ite	RACE: WIDOWED DIVORCED	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
57	causes	work done during most of working life. Revenified Salesman Hillcrest Burial	COUNTRY?
ZDI?	pply	13. FATHER'S NAME: Park	14. MOTHER'S MAIDEN NAME:
313	Su	Luther Mc Elfish	Elizabeth Hinkle

17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. IS, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION Pronic Myocarditis (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

GIVING RISE TO THE ABOVE CAUSE

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

MAJOR FINDINGS OF OPERATION

AUTOPSY? (County) (State)

RC	ONTRI		CAU	SEOFD	EATH			t, office bldg.					
D.	TIME	(Month)	(Day)	(Year)	(Hour)	21E	INJURY	OCCURRE	0	21F.	HOW	DID	IN.

DUE TO

Not while OF INJURY

JURY OCCUR?

(City or town)

age 22. I hereby certify that I attended the deceased from M, from the causes and on the date stated above. correct

SIGNATURE	Trevastiis,	At M. D. Churcherland	DATE SIGNED &
		AME OF CEMETERY OR CREMATORY LOCATION	

REMOVAL (SPECIFY) Burial Hillcrest Park

MARGIN RESERVED FOR

PECEUVED

Mar 8 1955

BUREAU V. S.

1.00

and the submitted at the first and the state of the state

HALL BELLEVIOUS TRANSPORT THE CO.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

١ <u>٧</u> .	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly		STATE Maryland COUNTY Allegany
leg	COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)	OR .
	X TOWN RFD-1, Frostburg 18 yrs.	TOWN RFD-1 Frostburg
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
clearly	Of STREET ADDRESS	(Miller Mines)
		(Last) 4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) James H. McF	Farland OF DEATH: 3 - 23rd, 19 55
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
of	Male White Widowed Divorced Jan.1	Months David Brown 241
es	Male White Married Jan. L. IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
causes	work done during most of working life OR INDUSTRY.	COUNTRY?
	even if retired): Carpenter Carpenter	Maryland USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	John McFarland	Elizabeth Loar
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, kive war or dates no of service) 212-01-9633	Mrs.Anna McFarland, RFD-1, Frostburg
236	18. MEDICAL CERTIFICAT	
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	443X X 1.1.	1
18:	IMMEDIATE CAUSE (A)	usion Cardio
Physicians	ANTECEDENT CAUSE (S)	ula disease 348.
Sign	DISEASES OR CONDITIONS, IF ANY, (B)	ula disease 396.
Ph.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	. 0. 1
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	relete.
up	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20 AUTORSY2
in		20. AUTOPSY?
lly		
pecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMPLE)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
esp	21D. TIME (Month) (Day) (War) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
13	OF INJURY M. While Not while at work at work	
e	22. I hereby certify that I attended the deceased from	10 10 (3 to 3 a) 3 10 (That I last saw the deceased
20	//	
	alive on 3-23, 1955, and that death occurred at	M, from the causes and on the date stated above.
rec	2/20 01/01	2 3/25/1-
correct	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
0	DEMOVAL (EDECIEV)	
	Burial 3-26-1955 Eckhart C	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	3.26.55 Mes. Navors N. Rose	Joseph R. Durst, Frostburg, Md.

ELDIL E RADERLAS-ISLAMBAN TERRITORIST TOTAL COLUMNIA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE DEATH

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Garrett Md. Allegany COUNTY STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Frostburg (in this place) TOWN Rural) Guntertown Dead on arrival at HOSPITAL OR STREET (If rural, give location) ADDRESS ar Route #24 INSTITUTION OR Miners Hospital STREET ADDRESS (Last) 4. DATE (First) 3. NAME OF DECEASED: OF DEATH Mc Kenzie March Ronald (Type or Print) 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR WIDOWED, DIVORCED, Oct. 29-1944 Monthal Days (Specify): single 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of work life, even if retired): Student INDUSTRY: Guntertown, Md. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Hazel Gomer McKenzie Lawrence Frostburg, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.; 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of father) Lawrence McKenzie, Star Route none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Intracranial hemorrhage Immediate cause DUE TO Antecedent cause(s) Basil fracture of the skull (b).... Diseases or conditions, if any, giving rise to the above cause DUE TO Hit by an automobile. stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No K 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (State) OF BIRET PORTE bldgl. Cr., PRIMARY Cor CONTRIBUTING CAUSE OF DEATH. near-Guntertown, Garrett Mr. How Did INJURY OCCUR? Crossing highway, 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at Not while at work from N to S. hit by auto going west. work [] 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | Accident | Undetermined cause | Accident | CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. H.V.Deming M.D. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) : Md. Zion Cemetery Garrett County 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE ADDRESS Frostburg, Md.

RESERVED FOR BINDING Supply every item write the causes o UNFADING Physicians: E PLAIN especially WRITE ge is est

carefully. The correct and legibly.

of information of death clearly

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OB ATSIDE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02183

James F. Scarpelli Cumberland, Md.

CERTIFICATE	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Allegany Maryland	STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nesrest town
OR and give nearest town) (in this place) Cumberland 65yrs	or TOWN Cumberland, Md.
HOSPITAL OR INSTITUTION OR 28 Green St.	STREET (If rural give location) ADDRESS 28 Green St.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Eugene A. Mc	Kinney DEATH: March 16,1959
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working life. Machiefied: Helper 108. KIND OF BUSINESS OR INDUSTRY: Railroad 13. FATHER'S NAME:	Brunswick, Md. USA 14. MOTHER'S MAIDEN NAME:
Geo.W.McKinney	Inez Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates No of service) 705-I2-7722	Mrs. Agnes B. McKinney 28 Green St.
STATING UNDERLYING CAUSE LAST. (C)	Turn Heart drawn 6 sayath
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1.
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS DATE SIGNED ADDRESS DATE SIGNED OF CREMATORY LOCATION (City, town, or county) (State)
Burial (specify) 3-18-55 Davis Men	morial Cem. Cumberland, Md. address

VS. A15 — 10 - 53

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TARBIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

02184

DR. HIMMELWRIGHT CERTIFICATION 1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY ALLEGANY MARYLAND	MADVI AND	FOARN
COUNTY ALLUANY MARYLAND CITY If outside corporate limits, write RURAL LENGTH OF STAY	STATE MARYLAND COUNTY ALL CITY(If outside corporate limits, write RURAL a	EGANY
OR and give nearest town) (in this place)	OR	na give nearest wwill,
2 TOWN CUMBERLAND 2 DAYS	COMOLINIANU	02
INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural give location) ADDRESS 717 GLENMORE STREET	1
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
DECEASED: (Type or Print) JOSEPH HENRY MILLER	DEATH: MARCH 2	19 55
SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE WIDOWED, DIVORCED, (Specify)	OF BIRTH: 9, AGE last birthday IF UNDER 1 Y	
DA USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during post of forking life. OR INDUSTRY:	PENNSYLVANIA	U.S.A.
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
HENRY MILLER	FLITAPERI May 1 Una	ton
WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	rrun
(rea pg. or unk.) (If Yes, give war or dates of service)	MEMORIAL HOSPITAL - CUMBERLANE	, MD.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 × IMMEDIATE CAUSE (A) DUE TO	Vascular Recudent	NOUVE
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) TIGHT WAS DUE TO Con ye	sture Heart Fichers.	
(C) / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	. N	
O I		YES NO NO
21A. ACCIDENT WAS UNDERLYING TO STAND THE CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	, etc. INJURY OCCUR?	y) (State)
PID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1955 to Mahi & 1955 that I lead	saw the deceased
	4:40AM, from the causes and on the date	
SIGNATURE	111111111111111111111111111111111111111	1 10
SIGNATURE SIGNATURE SIGNATURE SIGNATURE NAME OF CEMET 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	A.D. 133 L'Irguirea au Cumber ERY OR CREMATORY LOCATION (City, town, or	county) (State)
Stemmelichen total	1. D. 1.33 Virginia aus, Cumber	county) (State)

VS. A15 — 10 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE DEATH No. 8 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany COUNTY STATE Md. MARYLAND COUNTY Allegany CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) RTOWAL) Lonaconing 48 vears TOWN Lonaconing HOSPITAL OR In ambulance near STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS Lonaconing, Md. Waterstation Run. (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: Winfield (Type or Print) Lawrence Miller DEATH March 19 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: White Months Days Male (Specify)married April 26-1906 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, INDUSTRY:
Faired Corrected EXTILE Operator-Celanese 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WIIAT COUNTRY? Lonaconing, Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Louis Jacob Miller Margaret Lochner 15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO .: Md. (Yes, no, or unk.) (If Yes, give war or dates of 214-07-4008 no Wife) Marabel Green Miller, Lonaconing 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Intrathoracic hemorrhage about 1/2 Immediate cause DUE TO Hour. Antecedent cause(s) a crushed chest. (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last Tractor accident II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No 21a. EXTERNAL CAUSE WAS 21c. (City or town) 21b. PLACE (Home, farm, factory, (County) (State) OF street route bldg., etc., PRIMARY TO CONTRIBUTING EL CAUSE OF DEATH. hear-Lonaconing Allegany 21f. HOW DID INJURY OCCUR? Griving 21d. TIME (Month) Daro (Year) (Hour) | 21e. INJURY OCCURRED tractor up-While at injury March 21 P. hil front end upended & fell backward work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [7], and find that death resulted from: Natural causes [, Accident], Suicide [, Homicide [, Undetermined cause [. CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. March 21-195 H.V.Deming M.D 23. BURIAL, CREMATION, REMOVAL (Specify):
BUrial | NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE THEREOF Cemetery Lenaconingm MD. DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE George Eichhorn, Lonaconing, MD. annetto

2361 6S **AAM**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02186

RF	T.	CERTIFICATE CERTIFICATE	E OF DEATH Reg. Dist. No. 4	
5.1	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
y	careful	COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany	
100	ca	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neare	st town)
	tion	OR and give nearest town) (in this place) 12 JOWN Cumberland 11 days	TOWN Cumberland	2
2 1	nati	HOSPITAL OR	STREET (If rural give location)	1
Ba	information clearly and	2 STREET ADDRESS Sacred Heart Hospital	ADDRESS 419 pine Flace.	
y	of	3. NAME OF DECEASED: (First) (Middle) Type or Print) Mark and Mill firm of her	(Last) OF DEATH: March 31, 19	55
	item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, /8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER	
T BR	1.	Male RACE: WIDOWED, DIVORCED. 3/20	/55 yrs. Months Days Hours	Min.
M	every	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired);	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
Z		13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
IZ.	Supply te the c	Louis W. Miller	Hilda Rice	
<u>@</u>	. "	18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
MARGIN RESERVED FOR BINDING		(Yes, no, or unk.) (If Yes, give war or dates nonless of service)	Patient's Chart	
0		18. MEDICAL CERTIFICAT	10N INTERVAL B	ETWEEN
<u>a</u>	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
EB	AD S:	IMMEDIATE CAUSE (A) lou plus 4	al lu alformation of the	
ES	UNF	ANTECEDENT CAUSE (S) DUE TO W WANT-	trilogular blast?	
04	~	DISEASES OR CONDITIONS, IF ANY, (B)		
Z	WITH at. Phy	STATING UNDERLYING CAUSE LAST.		
I BC	WI at.	(C)		
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	AINLY	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
	3	O PERATION	20. AUTO	NO NO
_1	RETE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		tatel
9	>	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
	ge i	22. I hereby certify that I attended the deceased from 3/27	, 1955 to 3/3/ , 1955, that I last saw the de	eceased
65	50	1/2/	9:45P.M. from the causes and on the date stated abov	
1	TYPE	SIGNATURE /	ADDRESS DATE SIGNED	С.
- 10			. D. SS Green 11.	
A15 -	AS	REMOVAL (SPECIFY)	erry or crematory LOCATION (City, town, or county)	(State)
4	LE	DATE REGID BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	1

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Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2182 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

CENTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) 7/20/54	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing,
HOSPITAL OR Allegany County Infirmary STREET ADDRESS	ADDRESS Big Vein Hill
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Gora Ellsworth M: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower 12/20	DEATH: March 3, 19 55 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min. 0/1873 81 DEATH: March 3, 19 55 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Coal Miner	Midland, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Henry Mills	Catherine Dean
(Yes, no, or unk.) (If Yes, give war or dates of service)	Allegany County Infirmary Records
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	CII And IN THE POSTOCK 3 Aug
ANTECEDENT CAUSE (S)	out of the state o
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ree Ryseardeles ?
(260 X) (c) Seul	al diferencelerosis?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ialetes hellikes?
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	-1.6
22. I hereby certify that I attended the deceased from alive on the 3, 19 5, and that death occurred at SIGNATURE	8.20 M, from the auses and on the date stated above. ADDRESS DATE SIGNED
DATE READ BY LOCAL REGISTRAR'S SIGNATURE	State) LOCATION (City, town, or county) (State) Minutery Journal Office of Address ADDRESS
DREGISTRAND IN A	Handa Fill - A

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VS. A15



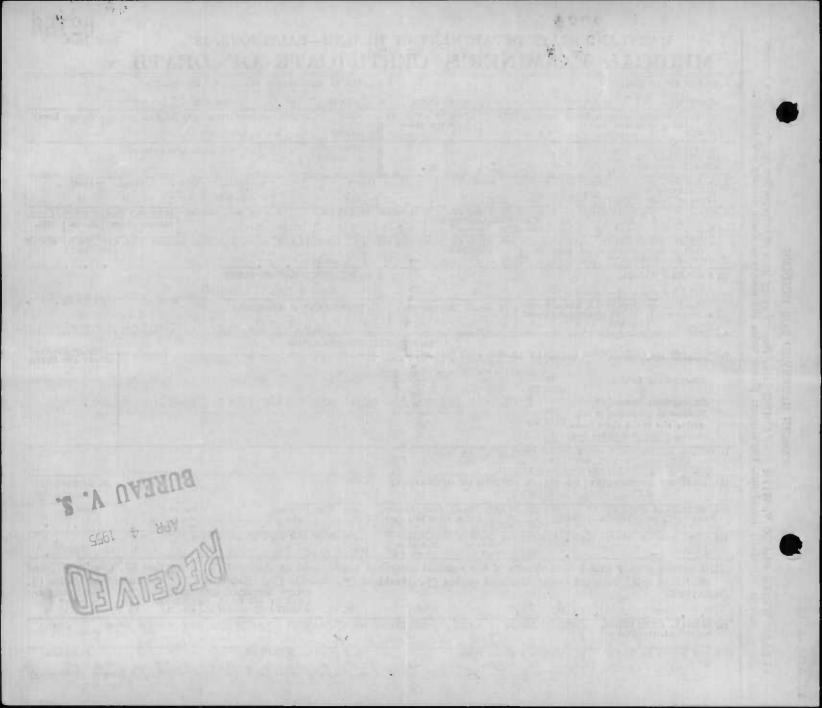
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MARYLAND STATE DEPARTMENT OF	t=55 0T	Reg. Dist.				
MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH	No				
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
	state Md. county Allegan	ıv				
CITY (If outside corporate limits, write RURAL LENGTH OF STA (in this place)	Y CITY (If outside corporate limits write RURAL and	give nearest town)				
REPART) Corrigansville 15 yrs Ruffer) Corrigansville						
HOSPITAL OR INSTITUTION OR STREET ADDRESS In back yard at home.	STREET (If rural, give location)					
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	(Year)				
(Type or Print) Howard Austin Mi	nnick DEATH March 24	//				
RACE: WIDOWED, DIVORCED.	TE OF BIRTII: 9. AGE last birthday: IF UNDER 1	EAR IF UNDER 24 HRS. Hours Min.				
male white (Specify): married Apr	1 26-1885 69 yrs.					
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, INDUSTRY:		CITIZEN OF WHAT COUNTRY?				
Retrientification Stone Quarry 13. Father's NAME:	Everett, Pa	U.S.A.				
	Caroline Hann					
William Minnick 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.:	17. INFORMANT & ADDRESS:	ville, Md.				
(Yes, no, or unk.) (If Yes, give war or dates of		~ .				
2 110 1 1200-10-3505	(wife) Martha Rebecca Minnick	Corrigans,				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN				
Immediate cause (a) Electrocution		ONSET AND DEATH				
Immediate cause (a)						
Antecedent cause(s) Antenna came in	contact with high tention]	ine.				
Diseases or conditions, if any, (b)giving rise to the above cause DUE TO						
stating underlying cause last (c)						
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No				
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING BE OF Street, office bldg, of CAUSE OF DEATH.	ry, 21c. (City or town) (County) (Te. (near) Corrigansville, alle	(State)				
21d. TIME (Month) (Day) (Year) 1 Hour) 21e. INJURY OCCURRED	1 21f. HOW DID INJURY OCCURROMOVING	aerial, ant				
22. I hereby certify that I took charge of the remains descri						
find that death resulted from: Natural causes [], Acc	cident 📑, Suicide 🗌 , Homicide 🗍 , Undeter	mined cause .				
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED				
H.V. Deming M.D. N. Daming M. D	1	3-24/55				
(Specify): My 127 918 Lynds		Pa.				
DATE REC'D BY LOCAL BROKETRAR'S SIGNATURE	24. PUNERAL DIRECTOR A	ADDRESS				
Ald6/1955 Peronica McOllomito	THE	markow, 10				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02189

5 . 2235 CERTIFICATI	E OF DEATH Reg. Dist.	No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Allegany MARYLAND	STATE Md. COUNTY Alle	gany
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and me nearest town)	CITY(If outside corporate limits, write RURAL at	//
X TOWN Kold's Cumberland, Jural	TOWN Atlant Cumberland, /2	walx
HOSPITAL OR INSTITUTION OR STREET ADDRESS 387 McMullen llwy. R. F.A. 6.	STREET (If rural give location) ADDRESS 387 McMullen Hwy.	C.7.D.76
DECEACED.		(Year) 6, 1955
RACE: WIDOWED DIVORCED	9, 1885 9. AGE last birthday IF UNDER 1 Y 19, 1885	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY:		COUNTRY?
even if retired pipefitter Celanese Corp.	Barton, Md. U	. S.
Robert W. Moore	Margaret Gattens	
es, no, or unk.) (If Yes, give war or dates		
No, of service) 217-10-6066	Mrs. May V. Moore Rt. # 6 Cu	mberland, M
18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
	10	ONSET AND DEATH
520 IMMEDIATE CAUSE (A) Heart fa	ary fibrous, chology	5 lisos
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) Pulsesous	ary fibrous, chology	7 years
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	unde termoned	Yan da ana
(C)		21 22 24 24 24 24
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIOENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DIO (City or town) (County etc. INJURY OCCUR?	y) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	2 1F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9	= 4, 1954, to 16 March 19 5T, that I last	saw the deceased
alive on 16 March, 1955, and that death occurred at	7: 50 7 M, from the causes and on the date's	
Raga Lu. Balling	1.0.62 Greene S. Courtestones He	
	ERY OR CREMATORY LOCATION (City, town, or	
Burial 3/19/55 Philos Cen	westernport, M	fd.
OATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	AOORESS
March 19, 1955 Winter K. Nanh, M.D.	. H. Wayne George Cumberland.	Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg	Dist	No		

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I. PLACE OF DEATH:

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

TOWN

DR. VAN ORMER

MARYLAND

COUNTY CITY (if outside corporate limits, write RURAL) and give nearest town) OR

ALLEGANY

CUMBERLAND

LENGTH OF STAY (in this place)

(Last)

TOWN GREAT CACAPON

W. VA.

2. USUAL RESIDENCE (HOME), OF DECEASED

STREET

(If rural give location)

4. DATE (Month)

CITY(If outside corporate limits, write RURAL and give nearest town)

COUNTY Morgan

ADDRESS

3. NAME OF (First) (Middle) DECEASED LIONEL (Type or Print)

6. COLOR OR | 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): MARRIED

MEMORIAL HOSPITAL

MUNSON 8. DATE OF

BIRTH 28

DEATH MARCH 9. AGE last birthday IF UNDER Months

(Day)

19 55 Hours

(Year)

10A. USUAL OCCUPATION (Give kind of work done during most of working life. evpailtstirplicker

TOB. KIND OF BUSINESS OR INDUSTRY FAIRCHILD AIRCRAFT

GREAT CACAPON.W.VA. 14. MOTHER'S MAIDEN NAME:

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? U.S.A.

ONSET AND DEATH

13. FATHER'S NAME:

Yes

OF INJURY

LEWIS M. MUNSON IS. WAS DECEASED EVER IN U.S. ARMED FORCEST

of service) har

(Yes, no, or unk.) (If Yes, give, war or dates

16. SOCIAL SECURITY NO.

MARY WHISNER 17. INFORMANT & ADDRESS

232-26-5615 18. MEDICAL CERTIFICATION

MEMORIAL HOSPITAL - CUMBERLAND, MD. INTERVAL BETWEEN

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE

IMMEDIATE CAUSE

(B) DUE TO

STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

20. AUTOPSY?

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

NO Z (County) (State)

21A. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

REMOVAL (SPECIFY)

Burial

21E INJURY OCCURRED
While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 195.

3-4-1955

195 4 to 2 2 19.55 that I last saw the deceased alive on DATE SIGNED

Greenway Cem.

SIGNATURE interless, mo. 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Berkley Springs. W. Va.

REGISTRAR'S DATE REG'D BY LOCAL

24. FUNERAL DIRECTOR Charles L. George Cumberland. Md.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

0210	9
0219 Reg. Dist.	10
Reg. Dist.	1

4

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE W. Va. COUNTY Minera	1
CITY (If outside corporate limits, write RURAL OR and give negreet town) TOWN CUMBET AND 12 S.	CITY (If outside corporate limits write RURAL and OR TOWNRURAL) Ridgely (Md.Jur.	IT
HOSPITAL OR Dead on arrival at the Market Address Sacred Heart Hospital.	STREET (If rural, give location) R.F.D. #1	85 x _ 3 \
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Alonzo Lee Muri	(Last) 4. DATE (Month) (Day of DEATH March 18	(Year)
male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, June Specify) Married June Specify) Married June Specify Specify Married June Specify Sp		
Pige if refrecter (Give kind of Industry: W. Md. R. Ry.		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Paul Murrell	Julia Ann Menhin	
	17. INFORMANT & ADDRESS:	
yes service) W. W. 1 705-10-4957	wife) Emma Murrell, Ridgely,	W. Va.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Coronary occlu	sion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last (c)	osis.	?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ NoEk
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc., CAUSE OF DEATH.		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes M. Accid	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	Y OR CREMATORY LOCATION (City, town, or co	

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Within	овтреп	PR. II MUSLEY
	The	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02193

CERTIFICATI	E OF DEATH Reg. Di	st. No. 7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY ALLEGANY MARYLAND	STATE MADVI ARM COUNTY AL	1.504404
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	LEGANY
OR and give nearest town) (in this place)	I OR	and give meatest wwith
COMBERLAND	TOWN CORRIGANSVILLE, MD.	X
HOSPITAL OR MEMORIAL HOSPITAL CUMBERLAND, MD.	STREET (If rural give location ADDRESS	n) /
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Yesr)
	YERS DEATH: 3	13 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER	
(Specify):	20. 1880 2574 yrs. Months	Days Hours Min.
104 USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS		CITIZEN OF WHAT
Taken it excharges	BARTON, MD.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U. S. A.
albert L. Myers	Isabel Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Year no or unk.) If Yes, give war or dates of service)	MEMORIAL HOSPITAL CUMBERLA	MO MO
18. MEDICAL CERTIFICAT		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
HOX IMMEDIATE CAUSE (A) Myeoa	rditis. Mitral Stenssis	at least
ANTECEDENT CAUSE (S)	0	
V 1.	on ary Edema.	2 answar
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	1	
(c) Chronic	nephritis-	?
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	is Brouchia (as Thina	?
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20 411700000
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE DID (Clty or town) (Cou	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12.	5 , 1955, to 3- 13 , 1955 that I la	st saw the deceased
SIGNATURE! C Yn-	1-1	ATE SIGNED
	.o. Mi Davage ned. 21	14-1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF OFMET	ery or crematory Location () its, town,	e Mareland
DATE RECID BY LOCAL REGISTRAR'S SHENATURE	24. FUNERAL DIRECTOR /	ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. VS. A15-10-53

THE STATE OF THE ADDRESS OF THE STATE OF THE

DE VIEW ES 1955

CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Allegany STATE Maryland county Allegany MARYLAND CITY (If outside corporate limits, write RURAL | LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) information Town Cumberland Yrs. TOWN Cumberland HOSPITAL OR clearly STREET (If rural give location) **ADDRESS** STREET ADDRESS 321 Broadway 321 Broadway 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) death DECEASED HARLAN NORRIS BEN TAMIN DEATH: March (Type or Print) item 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR | IF UNDER 24 HRE WIDOWED, DIVORCED. (Specify): Married December Jo Hours | . 1902 every causes 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): Glazier Celanese Corp. Cumberland, Md.
14. MOTHER'S MAIDEN NAME: USA Supply 13. FATHER'S NAME: write Norris Bertha Hahne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) iff Yes, give war or dates Z of service) se Mrs. H.B. Norris, Cumberland, Md. No NG 18. MEDICAL CERTIFICATION ea I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d sicians IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE WITH STATING UNDERLYING CAUSE LAST. important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE INL DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY PL 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State)

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0 age

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OF INJURY While Not while at work at work 22. I hereby certify that I attended the deceased from , that I last saw the deceased

INJURY OCCUR?

21F. HOW DID INJURY

RM, from the causes and on the date stated above. 55, 19 ..., and that death occurred at

LOCATION (City, town, of county) SPECIFY) March 31. 1955 Hilldrest Burial Park Cumberland. Md.

21E INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

(Hour)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year)

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md.

REGELVES MAR 34 1955

BUREAU V. S.

Supply every item of informathon carefully. The correct write the causes of death clearly and legibly.

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UNFADING INK. Physicians: please

(State)

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
WINDLOAL	LAAWIIIN LIN S	CERTIFICATE	Ur	DRATH	1

	0.000	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allegany Maryland	STATE Md. COUNTY Alle	gany
CITY (If outside corporate limits, write RURAL LENGTH OF STAY 20 or years town) and 20 years S	CITY (If outside corporate limits write RURAL and OR Cumberland	give nearest town)
HOSPITAL OR Dead on arrival at the INSTITUTION OR Memorial Hospital	STREET (If rural, give location) ADDRESS 815 Manns Terrace	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Benjamin Andrew	Ort 4. DATE (Month) (Day OF March 1	Year) 19 55
male white Specify: Married Sept		RYS Honrs Min.
work one during most of work life, INDUSTRY: Machine 12t - Fairchild Aircraft Corp		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William B.Ort	Bertha M.Wilson	
15. Was Deceased Ever In U.S. Armed Forces 7 (Yes, no, or unk.) (If Yes, give war or dates of service) U.W. 2	17. INFORMANT & ADDRESS: (wife)Cora Robertson Ort.Cum	berland, Md
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Coronary occlus	sion	sudden
DUE TO		
Antecedent cause(s) Coronary sclero	SIS	6 months
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☐ No★
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes 3, Acciesinature	dent □, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER □	

LOCATION

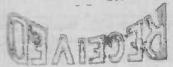
PLEASE WRITE PLAINLY, WITH age is especially important.

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE WEC'D BY LOCAL

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physical parate limit. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH No. 4 I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Md. STATE COUNTY MARYLAND COUNTY CITY (If outside corporate limits write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) 6 days 20R and give nearest town) Cumberland OR TOWN Hyattsville 16-15-HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Sacred Heart Hospital 5706 -16th St. STREET ADDRESS (Middle) 3. NAME OF (First) (Last) (Month) (Day) (Year) DECEASED: Gladys Olive Rank (Type or Print) DEATH March 19 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER | YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days (Specify) widow Dec. 19-1897 10b. KIND OF BUSINESS OR INDUSTRY: 10a. USUAL OCCUPATION (Give kind of work done during most of work life, 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? Celanese Corp. Gormania, W. Va. 13. FATHER'S NAME: lately horses lide & tenfield house. washing on the. 14. MOTHER'S MAIDEN NAME: Charles F. Decker
Was Deceased Ever In U.S. Armed Forces ? Rose Margaret Stover 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: Md. (Yes, no, or unk.) (If Yes, give war or dates of service) (daughter) Mrs. Miriam Jackson, Hyattsville no 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INK ONSET AND DEATH 932.8 Cerebral Ischemia (Anoxia) days Immediate cause DUE TO UNFADING Physicians: Exposure to cold. Antecedent cause(s) Diseases or conditions, if any, (b) Purulent bronchitis also other findings-Diseases or conditions, if any, Frost bits of buttocks, back & both heels. stating underlying cause last 6 days. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. E PLAINLY, WITH especially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21a. EXTERNAL CAUSE WAS PRIMARY The CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) OF street, office bldg., etc., INJURY P.O. R. RV Ry tracks-Cumberland Allegany 21d. TIME (Month) (Day) (Year) (IBur) | 21e. INJURY OCCURRED lying near B&O,R,Ry. tacks in the OF INJURY Feb. 25/55 Not while work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy E, Inspection E, Inquiry E, and PLEASE WRITE age is es find that death resulted from: Natural causes □. Accident Els Suicide □. Homicide □. Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED H.V.Deming M.D March 3-195 NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, LOGATION, (City, town, or county) DATE THEREOF REMOVAL (Specify): 24 FUNERAL DIRECTOR DATE REC'D BY LOCAL | REGISTRAR'S/SIGNATURE ADDRESS

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7 H. C. F. W. T. F. F.

MAR 8 1955

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany COUNTY MARYLAND STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN Westernport. Westernport, TOWN HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS Cemetery Road. Cemetery Road 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED: OF Helen (Type or Print) Virginia Reed. DEATH: March 3 195519 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE: Months Female Days Hours (Specify): Married June 4. 1919 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WILAT work done during most of working life, Maryla COUNTRY? even if retired) School Teacher Westernport **IISA** 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Smith R. Whitworth. Nettie Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: Mrs. Smith R. Whitworth. Westernport, Maryland. (Yes, no, or unk.) (If Yes, give war or dates of No service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work [at work 22. I hereby certify that I attended the deceased from ... Tel., 19.55., to March. 3..., 19.55..., that I last saw the deceased SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED -5-55 23: BURIAL, CREMATION REMOVAL (Specify): BUrial DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Philos Cemetery | | 24. EUNERAL DIRECTOR March 6, 1955, REGISTRAR'S SIGNATURE Westernport, DATE REC'D BY LOCAL REG.

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BUREAU V. S.

Supply every item of information carefully. The

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PLAINLY,

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2226

CEPTIFICATE OF DEATH

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	W & O O	CERTIFICAT	E OF DEA	LIII	Reg. Dist.	No
I. PLACE OF DEAT	TH:		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
COUNTY Alle		MARYLAND	STATE Mar	vland	COUN	ry Allegar
UR and give he	earest town)	RURAL LENGTH OF STA	Y CITY (If outsid	le corporate limits,		
X TOWN Rural	near Cumbe	rland (in this place)	Town Near	Cumberla	And Such	. 0 x
HOSPITAL OR INSTITUTION OF		and add and a set forth	STREET	(If ru	ral give location)	1
STREET ADDRES	s North Br	anch	ADDRESS	m+h Danne	1 DYS)#11
3. NAME OF	(First)	(Middle)	(Last)	rth Branc	Month) (Day)	(Year)
DECEASED: (Type or Print)	LAVINIA			OF	farch 20	19 55
5. SEX: S. CO	LOR OR 7. SINGI	LE, MARRIED, 8. DATE	TD E OF BIRTH:	9. AGE iast birthd		
RA IN	CE: WIDO (Speci	WED, DIVORCED, (1y): Widow Decem	2000	00 y	rs. Months Day	ys Hours Min.
10a. USUAL OCCUPA	TION. Give kind of	10b. KIND OF BUSINESS (ber 2,1866	88		ITIZEN OF WHA
work done during	most of working life	INDUSTRY:			C	OUNTRY?
13. FATHER'S NAME	Housewife	Own Home	Louden	Co Virg	inia	USA
	lenry Rench		Charlot	te Bartle	tt	
Yes, no, or unk.) (If	Yes, give war or dates of	16. Social Security No.: I	7. INFURMANT & ADI	DRESS:		
No serv	ice)	None	Ernest Rei	d, Cumber	land, Md	•
1		18. MEDICAL CERTIFICAT				Interval Between
I. DISEASES OR CO	ONDITIONS DIRECTLY	Y LEADING TO DEATH	0.		n -1	Onset And Des
4 dd do do		Chrom	a Muse	racel	ti	not have
Immediate cau	DUE DUE	то	10		<i>a</i>	
Antecedent car	Minna If ann	/ Tare	Ma	-0 B	/	
giving vice to the	e above cause lying cause last. DUE		Jan Ju	70	7	
stating the under	lying cause last.	nense 1	The -			1 19
II. OTHER SIGNIFIC	ANT CONDITIONS) / we were	/			1
Conditions contribu	uting to the death but rase or condition causing	not don'th				-
19a. DATE OF OPERA		R FINDINGS OF OPERATION				20. AUTOPSY
0						Yes No Z
I. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, stree	et, (CITY OR TOW)	N) (CO	UNTY) (ST	TATE)
HOMICIDE	OF INJU	IRY office bldg., etc.)				
TIME (Month) (D	ay) (Year) (Hour)	INJURY OCCURED While at Not While	HOW DID INJURY	OCCUR?		
INJURY	m.	While at Not While Work At Work		1 1		
22. I hereby certify	y that I attended th	he deceased from 3/17/	55,19 to 3/	20 150 19	. that I last s	aw the decease
3/	. 0/1	that death occurred at				
SIGNATURE	74.00	(Degree or titie)		n the causes and	DA DA	TE SIGNED
- KUL	Mille	my le	10 12	1/2 Stell	, Cul	Med 3/22/0
BUDIAL CREMA	1841	THE OF ORDINGS	ERY OR CREMATORY	LOCATION (tity, town, or coun	nty) State)
Burlal	3/22/5		1 Cemetery		land, Ma	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRE	CTOR	,	ADDRESS
1 Mich 22,1	9551 Writes	K. Oranh. M.D.	John J.	Hafer. Vu	mberland	. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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y. Th		C OF DEATH Reg. Dist. No.	4
item of information carefully. of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
ire	COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany	
7 7	OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give	nearest town)
and	02TOWN Cumberland 6 days	TOWN Westernport, Md.	113
>	HOSPITAL OR	STREET (If rural give location)	1
ear	Street Address Sacred Heart Hospital	ADDRESS	
death clearly	3. NAME OF (Eirst) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
att	DECEASED: (Type or Print)	1 bat OF DEATH: 3/27/55	19
1	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	de Dine	INDER 24 HRS.
1	M RACE: WIDOWED, DIVORCED, (Specify): Single	1876 78 yrs. Months Days Ho	ours Min.
	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN	OF WHAT
	work done during most of working life. OR NOUSTRY	SOUNT	CKA
- 4-	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	· ·
ATTO :	Mark many	1/2 h	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Xespho, or unk.) Ilf Yes, kive war or dates Mane		
436	18. MEDICAL CERTIFICATI	Chart	
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AL BETWEEN
	1146X 91		
ans	IMMEDIATE CAUSE (A)		
ICI8	ANTECEDENT CAUSE (8)	schrosis	
Fuysici	GIVING RISE TO THE ABOVE CAUSE DUE TO	Jeog Files	
Z	STATING UNDERLYING CAUSE LAST.		
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
important	TO THE DEATH BUT NOT RELATED TO THE		
å ŀ	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
=	TO STATE OF	20. YES	AUTOPSY?
	214 ACCIDENT WAS UNDERLYING TO 218 PLACE (Home form foot		J L)
CCIA	21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
2	M. at work at work		
	22. I hereby certify that I attended the deceased from	, 1905, to 3/2/, 1965, that I last saw th	e deceased
व		7:05AM, from the causes and on the date stated :	
ct	SIGNATURE SIGNATURE	ADDRESS DATE SIGN	
correct		D. 4 DO N. Centre St. 721	155.
5	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY LOCATION (City, town, or county)	1 (State)
	Burial March 24,1955 St. Telers	ewelling Westernpost, March	land
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 (24. FUNERAL DIRECTOR	E95 //
	TIMIAN " 22 10 (TIBUIDA & MALLA M)	+1. Il Vack touch a Naco lodge	1 1111/2

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William	COLLEGE	rentie	DRIS FAW
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02203

	CERTIFICATI	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ALLEGANY CITY (If outside corporate limits, wr OR and give nearest town) OATOWN CUMBERLAND	MARYLAND ite RURAL LENGTH OF STAY (in this place) 24 DAYS		DUNTY ALLEGANY s, write RURAL and give nearest town)
HOSPITAL OR MEMORIAL	HOSPITAL & WARWICK AVES.		TREET
3. NAME OF (First) DECEASED: (Type or Print) EFFIE	(Middle) PEar/	OF	(Month) (Day) (Year) H: MARCH 7 1955
FFMALE WHITE (Spe	TAT E I ET BASE I I CT I TO E	L 28, 1891 63	thday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work fone during most of working life, evaluate the control of the control o	OR INDUSTRY:	MAPYLAND 14. MOTHER'S MAIDEN NAME	n country): 12. CITIZEN OF WHAT
VAN THORPE	ES? 16. SDCIAL SECURITY NO.	EMMA KOONTZ	
(Yes, Mor unk.) (If Yes, give war or da	tes None	Memorial No	pital
DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICAT	10N	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE ANTECEDENT CAUSE (8)	DUE TO	a with wind of	afford afford & Mes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO Parene	the change and here	inter Children
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE CLASSICAL DELLE	sign Astustion	agent 6 weeks
Jeh 20. 1955 Short	JOR FINDINGS OF OPERATION	with perforation enter	parcia YES NO
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218 PLACE (Home, farm, feet OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or) etc. INJURY OCCUR?	ow) (County) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY M	While Not while	21F. HOW DID INJURY OCCU	JR?
22. I hereby certify that I attended			
alive on he 7 . 19 55,	and that death occurred a	:05 A.M., from the causes an	d on the date stated above. DATE SIGNED
com towy.		.D. Cumberland	mal man 7, 1955
23. BURIAL, CREMATION, DATE THE	NAME OF CEMETE	Moss as a location	N (City, town, or county) (State)

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P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2195 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02204
ithin co	T.	item 18 Film G179 4-5-55 am CERTIFICATE OF DEATH Reg. Dist. No. 4
	lly.	1. PLACE OF DEATH: 1 2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefully legibly.	Allegany Maryland Allegany
	leg	COUNTY ALLEGATY MARYLAND STATE MALLY LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
	ion	OR and kive hearest town of this place) OR TOWN Cumberland
	item of information of death clearly and	HOSPITAL OR Allegany County Infirmary STREET ADDRESS 116 Decatur Street
	of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) William Frank Spooler DEATH: March 12, 1955
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 11/23/1906 9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min.
Ü	causes	work done during most of working life. OR INDUSTRY: even if retired Retired Salesman-Bakery Maryland 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U. S. A.
12	pply the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
Z		Fred Spooler Catherine Volk
MARGIN RESERVED FOR BINDING	K. wri	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) 17. INFORMANT & ADDRESS: 214-05-5081 Allegany County Infirmary Records
F		18. MEDICAL CERTIFICATION INTERVAL BETWEEN
/ED	ING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
ER	rAD	IMMEDIATE CAUSE (A) Coronary Ollrosco 3days,
RES	UNFADING sicians: plea	ANTECEDENT CAUSE (8) DUE TO CONTRACTOR CONTRACTOR 3
Z	WITH it. Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
RG	_	(c) Prairie delle mali marco 34/20
MA	- 2	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
1	4	YES NO
IJ		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
	>	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?
	e OF	22. I hereby sertify that I attended the deceased from 60. 181953 to 120. 121954 that I last saw the deceased
10 - 53	SE TYPE	alive of M. 19 and that death occurred at M. from the causes and on the date stated above. ADDRESS DATE SIGNED
	PLEASE	M. D. 23. EURIAU, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY)
A15	E	Burial 3/15/55 St. Mary's Cemetery Cumberland, Md.
VS.	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ASSISTMAR H. Lee Silcox Cumberland, Md.
	4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02205 the corporate limits.

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: legibly COUNTY Allegany MARYLAND STATE Maryland county Allegany CITYIIf outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and OR and give nearest town) (in this place) Cumberland TOWN TOWN Cumberland STREET (If rural give location) clearly HOSPITAL OR INSTITUTION OR ADDRESS 313 Schley St. STREET ADDRESS Sacred Heart Hospita (Middle) 3. NAME OF (First) (Last) DATE (Month) (Day) (Year) death DECEASED: OF Fidella DEATH: March (Type or Print) Steiner 19 55 Mary SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR 6. COLOR OR 7. WIDOWED, DIVORCED, RACE: Jo Months Days Hours Female White (Specify) Married Oct Oct. 7 1899 causes 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired) Housewife Own Home Marvland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Elizabeth Minke Millard Steele 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Fatient's Chart. Sacred Heart Hosp. of service) ease 4 No None 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY. (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 NO [21A. ACCIDENT WAS UNDERLYING T 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21E. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work 202 , 19 \ I that I last saw the deceased 22. I hereby certify that I attended the deceased from 3 19 ... and that death occurred at M. from the causes and on the date stated above. alive on-ADDRESS DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)

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S. S. Peter & Paul's Mar. 26.1955' Cumberland. Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** DATE REC'D BY LOCAL Charles L. George. Cumberland, Md.

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18 02206

John J. Hafer, Cumberland, Md.

2.131	CERTIFICATI	E OF DEAT	H Reg. D	ist. No. 4
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED:
COUNTY Allegany CITY (if outside corporate limits, with or and give nearest town) Outside Country Cumue Land	maryLand rite RURAL LENGTH OF STAY (in this place) 8 days	STATE Pa. CITY(If outside coor OR TOWN Bedf	COUNTY Red	
HOSPITAL OR INSTITUTION OR	eart Hospital	STREET ADDRESS	(If rural give locati	on)
3. NAME OF (First) DECEASED: (Type or Print) Margaret		(Last) reett	4. DATE (Month) OF DEATH: March	(Day) (Yesr) 28 19 55
Female White Spe	cify): Married 7/10/	17	AGE last birthday IF UNDER Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	OR INDUSTRY:	Pa.	tate or foreign country): 1	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	n Halleck Growden	Helen Hiz	,	
(X) WAS DECEASED EVER IN U.S. ARMED FORCE (X) No. no, or unk.) (If Yes, give war or de of service)		17. INFORMANT & patient's		
I DISEASES OR CONDITIONS DIRECT			rachine Hen	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				10 days.
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE G DEATH.			
19a. DATE OF OPERATION: 19B. MA.	JOR FINDINGS OF OPERATION	٧		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office bldg.,	etc. 1NJURY OCCUR?		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY M	While at work at work			
22. I hereby certify that I attende alive on \$128, 1955,	and that death occurred at	6:350 M, from the ADDRESS	causes and on the da	te stated above.
23. Burial, CREMATION, DATE THE REMOVAL (SPECIFY) Burial March	EREOF NAME OF CEMET	ery or Crematory wship Cem.	LOCATION (City, town, Centerville	
DATE REGID BY LOCAL REGISTR	AR'S SIGNATURE	24. FUNERAL DIE	RECTOR	ADDRESS

VS. A15-10-

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DECEINED

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 6
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	THE STATE OF THE S	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE Md. COUNTY Alleg	วทระ
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
OR and give nearest town) (in this place)	OR .	110
Otown Westernport 35 yrs	aes retubor r	40
HOSPITAL OR In ambulance on way to	STREET (If rural, give location)	/
STREET ADDRESS Hospital.	211 Cromer St.	· ·
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
DECEASED: (Type or Print) Joseph Edward St	trickler DEATH March	١٥ ٢٢
	E OF BIRTH: 9. AGE last birthday: IF UNDER 1	
RACE: WIDOWED, DIVORCED,	Monthal T	ays Hours Min.
male white (Specify) married Dec	20-1879 75 угв.	COMPANY OF STATE
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R 11. BIRTIPLACE (State or foreign country): 12	COUNTRY?
Retired Coal Miner	Clarkahura W. Va	II S A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0 8 0 8 2 4 8
William Strickler	Mary Ann Linkswiler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURITY NO.:	17. 1NFORMANT & ADDRESS:	
(168, no, or unk.) (II Ies, give war or dates of	(rife) Della Beerra Western	and Md
4 no service)	(wife)Della Reeves, Westernp	ort, ra.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
(a) Exsanguation		15 min.
Immediate cause (a) EXSERGUALLOR		11. 1. September 1 10 11. 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Antecedent cause(s)	• • • •	
Diseases or conditions, if any, (b) LILL NIS UNFORUM	with a razor.	
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	7. 21c. (City or town) (County)	(State)
PRIMARY Dor CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.		Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	Westernport Allegany	170.
OF While at Not while	211. HOW DID INJURY OCCUR Desponde	nt, cut his
INJURY March 4/55 AM. work at work	LITTORI WITH a razor on b	ack porch.
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci	dent 🗆, Suicide 📮, Homicide 🗀, Undete	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
H. V. Deming M. D. W. Kening M. D.	M. D. ASSISTANT MEDICAL EXAM.	March 4-19!
	OR CREMATORY LOS TION City, town, or c	county) (State)
REMOVAL (Specify): 3-7- Welles	western Northandel	MIN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL/DIRECTOR	ADDRESS
REG. 5-55 Me C. C. Killer	E Sibage Triban	act Die
1 3 0) Man Line Li Killer	(a. All) was a like and	

SS61 4 2"

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Supply every item of information carefully. The

is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

02208 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2.198 CERTIFICATE	E OF DEATH Reg. Dist.	No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY ALLEGANY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OUTOWN CUMBERLAND (in this place) IO DAYS	STATE MARYLAND COUNTY ALLE CITY If outside corporate limits, write RURAL at OR TOWN CUMBERLAND	GANY nd give nearest town)
HOSPITAL OR MEMORIAL HOSPITAL	STREET (If rural give location) ADDRESS 1315 VIRGINIA AVENUE	1
DECEASED: (Type or Print) JACALYN MAE THOM	MAS DEATH: MARCH	(Year) 3 19 55
FEMALE WHITE WIDOWED, DIVORCED, SPECIFY) SINGLE NOVE	EMBER 17, 1954 3-1055, yrs. 2 /	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): None	CUMBERLAND, MD.	COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
GEORGE THOMAS	ALICE BRYANT	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 18. Social Security No.	17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLA	ND MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	esis, belateral Eved preumonia, bileto	INTERVAL BETWEEN ONSET AND DEATH 3 days 1 3 wh , wh:
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
OF INJURY M. Clay (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from Fall alive on 3, 195%, and that death occurred at SIGNATURE	9:20 P M, from the causes and on the date s	
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	
Burial 3-5-55 Rose Hill (+ ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURES REGISTRARY 10 16 Wester K. Wash M.	James F. Scarpelli Cumbe	rland, Md

VS. A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE.

2. USUAL RESIDENCE (HOME) OF DECEASED

2199 CERTIFICATE OF DEATH

PLACE OF DEATH

Reg. Dist. No.

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carefu	COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY	4
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) 2 TOWN CUMBERLAND 3 DAYS	CITY(If outside corporate limits, write RURAL a OR TOWN CUMBERLAND	and give nearest town)
information clearly and	HOSPITAL OR INSTITUTION OR OSTREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural give location) ADDRESS 307 UNION STREET	/
	3. NAME OF (First) (Middle)	MALE SAME AND SAME	Day) (Year) 8 1955
ite	RACE: WIDOWED, DIVORCED.	PRIL 27,1907 47 Byrs. Months I	Days Hours Min.
rer	work done during most of working life. even if retired): Lad borer 108. KIND OF BUSINESS OR INDUSTRY: C, 4, 5f, Dept	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
BINDING Supply evite the cau	13. FATHER'S NAME: CHARLES E VALENTINE	14. MOTHER'S MAIDEN NAME: MARY E KRABST Hrows	e
FOR BININK. Su	(Yes, no, or unk, (If Yes, kive war or dates of service) WW II 214-07-0086	17. INFORMANT & ADDRESS: Raymond Valentine, Cum	sperland
ದ	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN ONSET AND DEATH
RESERVED UNFADING	IMMEDIATE CAUSE (A) DUE TO	h premova	1 myc
01	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	osistem	2 year
9 1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		/
MAR AINLY, W important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
AIN	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7



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especially 21A. ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory. (State) 21c. WHERE DID (City or town) (County) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not whlle OF INJURY at work S 22. I hereby certify that I attended the deceased from 953, 19, to 3/65, that I last saw the deceased

, 1953, and that death occurred at 7:00AM, from the causes and on the date stated above. alive on ADDRESS DATE SIGNED

BURIAL, CREMATION THEREOF REMOVAL (SPECIFY)

Buria REC'D BY LOCAL

24. FUNERAL DIRECTOR ADDRESS

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BUREAU V. S. 2201 63 AAM

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Supply every item of information carefully. The write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

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MARVIAND STATE DEPARTMENT OF HEALTH PALTIMODE 10

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			Dist.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH N 2. USUAL RESIDENCE (HOME) OF DECEASED:	104
COUNTY Allegany MARYLAND		M 9-11
COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cell #6 City Jail	STREET (If rural, give location) ADDRESS 1.018 Gay St.	1
	(Last) 4. DATE (Month) (Day) OF DEATH March 29	(Year) 19 55
Male Colored Widowed Divorced Sep.	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR t.1-1917 9. AGE last birthday: IF UNDER I YEAR Months Days	Hours Mln.
10a. USUAL OCCUPATION (Give kind of work life, lob. KIND OF BUSINESS Of Work life, lob. Layer iterative):	CC	S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
John Curtis Washington 15. Was Deceased Ever In U.S. Armsd Forces 7 (Yes, no, or unk.) (If Yes, give war or dates of pervice) 2 10 2 18-1726	Mary Fields 17. INFORMANT & ADDRESS: (sister) Mrs. Mary Dorsey, Cumbe	rland.Md.
	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		NTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxiation due		about 5 mi
Antecedent cause(s)	TO SECURE A SECURITION OF THE PARTY OF THE P	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		***************************************
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No No
PRIMARY To r CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory of street, office bldg., etc. INJURY CLUY Jail	" Cumberland Allegany.	(State)
21d. TIME (Month) (Deput Year) (Hour) 21e. INJURY OCCURRED While at work 1 at work 1 at work 1	belt around neck fastened	to cell ba
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes ☐, Accisionature		ined cause [].

CREMATORY

24. FUNERAL DIRECTOR

LOCATION

(City, town, or county)

(State)

ADDRESS

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Deming 28. BURIAL, CREMATION, KEMOVAL (Specify):

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02211

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2201	CERTIFICATE	OF DEATH

Reg. Dist. No. 4

	<u> </u>			
	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	gil	COUNTY ALLEGANY MARYLANO	STATE MARYLAND COUNTY ALLEG	ARIV
	ca le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
		OR and give nearest town) (in this place)	OR	ma give nearest town,
A MR		O COUMBERLAND, I DAY	TOWN ELLERSLIE, MD.	X
W	nforma	HOSPITAL OR MEMORIAL HOSPITAL	STREET (If rural give location)	1
	ear ar	OSTREET ADDRESS CUMBERLAND, MD.	NONE	
	cle			
	death	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (I	Day) (Year)
	981	(Post of Post	A 4 4 00 00 4 4 4	9, 1959 55
	d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER IN	EAR IF UNDER 24 HRS.
	of of	(Specify):		ays Hours Min.
	ery	MALE WHITE MARRIED OCT 2,	11. BIRTHPLACE (State or foreign country): 12.	
rh	ve	work done during most of working life. OR INDUSTRY:		COUNTRY?
ž		even if retired to the Night watchman Pocahonas Tannery	Marquis, W. Va.	U. S.
Id	ply e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	Supply te the c	ALEXANDER WATTS	FILITABETH ONG WEEK	
BI	Suite		ELIZABETH, SHOWALTER	
2	X ×	(Yes no or unk.) (If Yes give war or dates		
FOR	INK.	No. of service) 233-/6-207/	Mrs. Hardman Ellerslie, Md.	
		18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
RESERVED	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
>	IO	11222 01/1	: 711	DEATH
0	A S	IMMEDIATE CAUSE (A)	ic Myocardosia	alerral, 11
30	UNF	OUE TO	1	11/1/1/2
RE	5 .2	ANTECEDENT CAUSE (S)	//	1/
	F S	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE OUT TO		
H	TH Phy:	STATING UNDERLYING CAUSE LAST. OUE TO		The state of the s
ARGIN	WITH it. Phy	(C)		
_	ar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
2	Z 1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	Zã	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
	PLAINLY lly import			20. AUTOPSY?
	PL Ily	<u> </u>		YES NO
	E H	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (Count	y) (State)
	TE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
1-/	WRITE	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		OF INJURY While Not while		
	Z .E	M. at work at work		
	OR ie	22. I hereby sertify that I attended the deceased from the	, 1994, to Man 19, 1955, that I last	saw the deceased
53	च क	her		
1 10	TYPE rect ag	alive on 199 , 1998, and that death cocurred at	1:35 PMMfrom the causes and on the date	
9	T e	Class of Japan	ADDRESS HO	TE SIGNED
		mud vojejer M		7//30
10	S	23. BURTAL, CREMATION, OFTE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	esunty) (State)
A1	田	Burial 3/22/55 Arbovale Cer	n. Arbovale, W. Va	· Pacah who
	PLEASE	DATE REGO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	AOORESS 0
S	_	MIGISTRARY 10 THE TILL OF THE MIN	H. Wayne George Cumberland,	
		linear 121 1222 money 1. Grants, 1012	The book of the state of th	****



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CENTIFICATI	E OF DEATH Reg. Dist	. No. 7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Allegany MARYLAND	STATE Maryland COUNTY 7/16	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) (in this place)	OR	and give treatest somily
02 TOWN Cumberland 38 days	Town Cumberland	02
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
62 STREET ADDRESS Sacred Hearx Hospital	201 Greene Stree	× ×
		Dny) (Year)
DECEASED: (Type or Print) Stella	ortheimer DEATH: Have	٦١ 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER IN	
RACE: WIDOWED, DIVORCED,	Months D	ays Hours Min.
	- 11-74 80 yrs.	
IOA. USUAL OCCUPATION GIVE KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired: Own Home	West Virginia	N.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Reuben Lichtenstein	Sarah Hirsch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of scrvice) None	Patient's Chart	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
151X AD.0		21
IMMEDIATE CAUSE (A)	utros famans	- week
ANTECEDENT CAUSE (S)		2,
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY. (B)	Ouestones / / hohing	> aus
STATING UNDERLYING CAUSE LAST.	in Landa Par	3 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	se probable I allere	be
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ual Phenonia	2 has
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	y /	
0		YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Mot while M. at work at work		
22. I hereby certify that I attended the deceased from 2/3	-3 , 19 5 Tto 3/3/ , 1955, that I last	saw the deceased
alive on 3/31, 1955, and that death occurred at		
SIGNATURE , 19, and that death occurred at		stated above. TE SIGNED
1.6	D. Cemberland lud	1/2./~-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY) 4-3-1955 East View	Cem. Cumberland. Md.	
DATE REC'S BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Expella, 1955 Wruter f. dawk, M.D.	. Charles L. George Cumberland	

VS. A15-10-53

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

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0 22. I hereby certify that I attended the deceased from 3 . 19.15. to 3/ PE , and that death occurred at 12:30AM, from the causes and on the date stated above. LYI correct SIGN M. D. 50 SE BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY Burial (SPECIFY) Y Hillcrest Burial 国 FUNERAL DIRECTOR John J. Hafer.

21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory.

OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc.

DISEASE OR CONDITION CAUSING DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour)

20. AUTOPSYT NO Z

(Year)

1955

Hours

(County) (State)

21F. HOW DID INJURY OCCUR?

21c. WHERE DID (City or town)

INJURY OCCUR?

, 19 Ju that I last saw the deceased

DATE SIGNED.

KOCATION (City, town, or county) Cumberland. Md.

Cumberland. Md.

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Allegany Allegany COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and rive nearest town) Frostburg OR Tip this place) OR Frostburg CTOWN T'e TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS Street 136 Hill 136 Hill St. STREET ADDRESS (Middle) 3. NAME OF (First) (Last) (Month) (Day) (Year) DECEASED OF MAE THOMAS WILSON March (Type or Print) DEATH: 5. SEX SINGLE, MARRIED 8. DATE OF 6. COLOR OR | 7. BIRTH: 9. AGE last birthday IF UNDER WIDOWED, DIVORCED. (SpecifyMATTIEC Months Days Hours Mln. female IOA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS 10B. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retiredhousework USA home own Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME David Thomas Ida Mvers 17. INFORMANT & ADDRESS: 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or dates Frostburg, Md. Herman Wilson, of service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUF TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT NO X 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While OF INJURY Not while at work L at work , 1950 to march 15, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from 19.55 and that death occurred at 7:30 alive on M. from the causes and on the date stated above SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Memorial Frostburg, Burial Park Md. 24. FUNERAL DIRECTOR ADDRESS

2 0 H 53 TYPI SE A15

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	. 7	CERTIFICATI	E OF DEATH Reg. Dist. No.	4
1	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
(M)	careful	COUNTY Allegany MARYLAND	STATE Md. COUNTY Allegan	
		CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give OR TOWN Cumberland.	nearest tow
	information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 457 Goethe St.,	STREET (If rural give location) ADDRESS 457 Goethe St.,	1
	ofath	DECEASED:	(Last) 4. DATE (Month) (Day) OF DEATH: March 16.	(Year)
	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): Widowed July	OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR IF Months Days H	UNDER 24 HR
Ü Z	ever	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own home	Cumberland, Md. 112. CITIZE COUNT U. S.	TRY?
BINDIN	Supply te the c	13. FATHER'S NAME: Benjamin Mallin	14. MOTHER'S MAIDEN NAME: Elizabeth Timmons	
FOR B	INK. se writ	(Yes, po, or unk.) (If Yes, give war or dates of service) None	Mr. Charles E. Wilson Ellerslie,	Md.
ED	ING	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTER	VAL BETWEE
RESERV	4D	H20.1 IMMEDIATE CAUSE (A) DUE TO	oy occulsion 3	days
	UNF	DISEASES OR CONDITIONS, IF ANY. (B)	ged deteriorderon 10	year
NI	TH	STATING UNDERLYING CAUSE LAST. DUE TO		1

STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

19A. DATE OF OPERATION:

DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? NO X

(State)

(County)

21A. ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

210. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work

21F. HOW DID INJURY OCCUR?

, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from , 1953, to 3/16

M. D.

alive on s, and that death occurred at

M, from the causes and on the date stated above. ADDRESS DATE SIGNED

LOCATION (City, town, or county)

BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL. 3/19 /55 Rose Hill Cem.

Cumberland, Md.

ADDRESS

REGISTRAR'S 24. FUNERAL DIRECTOR Wayne George Cumberland, Md.

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MARYLAND	STATE	DEPARTMEN	T OF	HEALTH-BAL	TIMORE,	18
 			04		~	-

MEDICAL I	EXAMINER'S	S CERT	TIFICATE	OF	DEAT	H No.	4	******
1. PLACE OF DEATH:			. USUAL RESIDENC	E (HOME) C	F DECEASED			
COUNTY Allegan	MA	RYLAND	STATE Md.	COU	NTY ATT	egahy	-	
CITY (If outside corporate li	mits, write RURAL LEN	GTH OF STAY n this place)	CITY (If outside con TOWN Charache	corporate limit				town)
HOSPITAL OR	Baltimore Ave		STREET	(If i	rural, give locat		1	<u> </u>
3. NAME OF (First DECEASED: (Type or Print) Rut			Last)	4. DATE OF DEATH	(Month) March		(Year)	55
5. SEX: 6. COLOR OR RACE: White	7. SINGLE, MARRIED WIDOWED, DIVOI (Specify): Marri	RCED, 8. DATE	of Birtii: 19. h 8-1902	53	rthday: IF UND Month	ER 1 YEAR 1	Hours	Min.
10a. USUAL OCCUPATION (6 work done during most of characteristics) and 13. FATHER'S NAME:	f work life, INDUST	F BUSINESS OR RY:	near) Swan	nton, Ga		12. C1T1 COU	ZEN OF NTRY?	WIIAT
James M. Ste 15. Was Deceased Ever In U.S. (Yes, no, or unk.) (If Yes, give vertice)	ARMED FORCES? 16. SOCIAL Swar or dates of	SECURITY No.: 13	Martha 700		Ma T man	Camba	7	a wa
no I	220-10-		usband)Char	rles M.	Wilson,	Cumbe	rlar	Id MIG
I. DISEASES OR CONDITIONS		DEATH:	CERTIFICATION				ERVAL BE	
1mmediate cause	(a) Asphyxia	a	•••••••••••••••••••••••••••••••••••••••	*******************************			about	15
Antecedent cause(s) Diseases or conditions, if an giving rise to the above ca	use DUE TO	MA		••••••••••	••••••••••••		nin.	one
stating underlying cause l		e depress	ive state.			3	rear.	
TO THE DEATH BUT NOTISEASE OR CONDITION								
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF	OPERATION:				20.	AUTOP:	
21a. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUT. CAUSE OF DEATH.	ING De 21b. PLACE (Hom OF street INJURY	e, farm, factory, office bldg., etc.,	Cumberla	nd All	(County) egany		(State) Md	,
21d. TIME (Month) a postitive of injury March 15/		OCCURRED Not while at work	of runnin	(3		n bat	over	
22. I hereby certify that find that death result SIGNATURE H.V.Deming M.D.	I took charge of the reed from: Natural caus		nt 🗌 , Suicide 🏲		de [], Und EXAMINER EXAMINER	letermine D		se □.
23. BURIAL, CREMATION, REMOVAL (Secify): DATE REC'D BY LOCAL	DATE THEREOF NAME ACCOUNTS OF THE PROPERTY OF	loses	OR CREMATORY emelly 24 FUNERAL PIRE	Clank	City, fown,	or county)	ADDRE	

PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please

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VS. A15A - 5 - 53

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DECENTED

2276 CERTIFICATE OF DEATH

Reg. Dist. No.

	>			
	carefully, legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
	careful	county Allegany Maryland	STATE Maryland County Alle	egany
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town)
	tion	Carown Cumberland	STREET Rural (If rural give location)	X
-	ma	HOSPITAL OR INSTITUTION OR	ADDRESS	1
95	information	A STREET ADDRESS Memorial Hospital	Hyndman, Pa. RD#11	
Mr.	m of informa	DECEASED:	05 35	Day) (Year)
	n d	111.011011		
	ite	Male White Widowed Feb.21	Months I	Days Hours Min.
	every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
52	(*)	work done during most of working life. Mining and farm	ing Hyndman, Pa.	JSA TRY1
DI	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	Supply te the	William Witt	Mary Clites	
E	. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	INK se w	NO 2 or unk.) (If Yes, give war or dates 2/4-05-5223	Herbert Witte, Hyndman,	Pa. RD#1
Q	5 68	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
VE.	NIO :	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
田	€ 50	INMEDIATE CAUSE (A)	y a corotto	1 Msan
RESER	UNF	ANTECEDENT CAUSE (8)	on chief as Thura (Minns)	200
	-	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	primer acounce (minus)	" A ARCAN
ARGIN	WITH	(C)		
A	F .	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
Z	MINLY, importa	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
1	N du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY7
	1	0		YES NO
J	est	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ty) (State)
	F 70	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	OR e is	22. I hereby certify that I attended the deceased from	27, 1955, to hanh 7, 1955, that I last	t saw the deceased
20		march 5 1055	The Rose of	saw the deceased
io I	TYPE rect ag	alive on hours 5, 1955, and that death occurred at	ADDRESS and on the date	stated above. TE SIGNED
10		William E. moreley	2.4	48-1955
<u>1</u>	ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)		
A1	E	Burial March 10 1055 Cook Ce	metery Wellersburg, P	
		DATE REC'D BY LOCAL REGISTRAR'S AGONATINE	1 24. FUNERAL DIRECTOR	ADDRESS

K. Jank, M. D. Harvey H. Zeigler, Hyndman, Pa.

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24. FUNERAL DIRECTOR

ADDRESS

John J. Hafer. Vumberland. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
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No....... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: county Allegany COUNTY MARYLAND STATE Allegany CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) LENGTH OF STAY (In this place) OR and give nearest town)
TOWN Cumberla TOWN Cumberland days Cumberland HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Offutt St. STREET ADDRESS Memorial 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) DECEASED: Elizabeth Wright (Type or Print) DEATH March 19 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Hours (Specify) Harried Oct 2-1897 white 10a. USUAL OCCUPATION (Give kind of work done during most of work life, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? even if retired tousewife Harmon W. Va. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: William Kisamore
Was Deceased Ever In U.S. Armed Forces ? Ida Nelson I6. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) Memorial Hospital records. none no 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 916.0 Acute cardiac failure day Immediate cause Toxemia days DUE TO Antecedent cause(s) 2 days Anuria Diseases or conditions, if any, (b) giving rise to the above cause DUE To 2nd & 3rd degree burns of legs, thighs stating underlying cause last (e) and buttocks. 10 days. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No . 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) OF street office bldg., etc., PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Allegany Cumberland Md. 216. How DID INJURY OCCUR: Drinking, ignited a 21d. TIME (Month) (Det) Tyear) (Hour) | 21e. INJURY OCCURRED Not while at work haner sat dawhod aftire & her clothes 22. I hereby certify that I took charge of the remains described above held an Astopsy [], Inspection [], Inquiry []. and find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED W. Beming M. 23 BURIAL CREMATION, DATE THEREOF REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (State) AEGISTRAR'S SIGNATURI 24 FUNERAL DIRECTO ADDRESS

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